YALE UNIVERSITY
LIBRARY

LIBRARY OF
THE SCHOOL OF
MEDICINE

vol IV

YALE
MEDICAL LIBRARY

HISTORICAL
LIBRARY

Digitized by the Internet Archive
in 2014

https://archive.org/details/bostonmedicalsur4518mass

From Yours Sincerely
W. Beach

TWENTY-SIX WEEKLY NUMBERS.—FEBRUARY TO AUGUST, 1831.

THE

BOSTON

MEDICAL AND SURGICAL

JOURNAL.

VOLUME IV.

Boston:
CLAPP AND HULL, PROPRIETORS AND PUBLISHERS.
CORNER OF WASHINGTON AND FRANKLIN STS.
1831.

INDEX TO THE FOURTH VOLUME.

ABERNETHY, memoir of, 313
Abortion, prevention of, 117
Acoustic chair, 119
Acting, infant, 57, 66
Air, necessity of full supply to health, 169
Almond paste for hands, 119
Amnesia, case of, 42
Amputation at knee joint, 22
Anatomy, application of to medicine, 420
Anatomy bill, Davis's report of, 15, 19, 85
Anatomy, study of in Massachusetts, 67
Anatomy, descriptive, 357
Ardent spirits, effects of, 345
Arteries, femoral, ligature of both, 141
Asphyxia, death by, 119
Asylum for lunatics, 232

Blood, action of air on, 69
Blood, venous, change of during syncope, 89, 257
Blushing, phenomena of, 327
Boot, Dr. F. 392
Boston, comparative healthiness of, 103
Bread and its varieties, 209, 223
Brown, Dr. J. B. Case of tetanus, 319

Calculi, treatment of, 361
Calculous diseases, exemptions from, 23
Calomel, 248
Camphor, 39
Caoutchouc, electrical properties of, 380
Catalepsy accidentally cured, 311
Cemetery, rural, 338
Chloride of lime for pectoral disease and fetid breath, 311
Cholera, 360, 372, 384, 406
Cholera, former prevalence of, 419
Cholera morbus, prize essay on, 182
Chorea, iron in, 167
Chorea, Dr. Bardsley's treatment of, 124
Cinchona, new varieties of, 185
Colchicum autumnale, 322
Cold, effect of on body, 158
Cold, its effects on animals, 35
Colic, warm water injections in, 350
Colic, inflation in, 378
Colon, stricture of, 150
Columbine, 407
Combustion, spontaneous, 146
Costiveness, new remedy for, 309
Croup, interesting case of, 243
Croup, new treatment of, 244
Cutaneous diseases, treatment of, 407
Cynanche tonsillaris, fatal, 74

Davis, Dr. E. G. on galactirrhœa, 254
Davy, anecdotes of, 134, 167, 184
Davy and Wollaston compared, 295
Deafness, the employment of air in the diagnosis and treatment of, 297
Death by fright, 264
Deaths in Boston, 23 and weekly
Degree, new medical, 198
Dentition, inflammation of the bladder arising from, 414
Diabetes, case of, 44
Disease, periodical character of, 196
Dislocation of thigh bone, cases of, 281
Dyspepsia, Halstead's cure for, 32
Emetics, remarks on, 46
Emetina, 355
Enemata, Dr. Peirce on, 284
Entozoa, 307
Epidermis, disorganization of, 109
Eruption, epidemic, 375
Erysipelas, case of, 46
Erysipelas, treatment of, 329
Erysipelas epidemic, 353
Examinations, Latin, abolition of, 103
Eye, stained by nitrate of silver, 155

Fear, singular effect of, 199
Fever in Greenwich, observations on, 416
Fractures, new mode of treating, 79
Friction, dry, 126
Fumigation, odoriferous troches for, 118
Fungus hematodes successfully treated, 298

Galactirrhœa, remarks on, 254
Galvanism, medical, 383
Gas, accident from escape of, 118
Gentiania, 355
Gold, Dr. S. W. New mode of treating fractures of lower limb, 79
Gonorrhœa, chloride of lime in, 103

Harelip, operation for, 73
Health, directions for preserving, 213
Heart, sounds of, 385
Heart, wound of, 327
Hemiplegia, intermittent, 249
Hemorrhage, arterial, after amputation, prevented by pressure, 232
Hemorrhage from extraction of teeth, 310
Herpes cured by nitrate of silver, 223
History of medicine and surgery, 265
Homœopathy, 51
Hoofs and horns, how worked, 381
Horse, poisonous secretion from, 408
Hospital, smallpox, new, 344
Hospital, veterinary, new, 71
Hubbard, Dr. C. Case of spinal irritation, 208
Hunger and thirst, theory of, 245
Hydrocephalus, tapping in, 201
Hydrophobia, 325, 342
Hysteria, Tate on, 359

Icterus, state of the liver in, 252
Infants, exercise of, 238
Inflammation, Thomson's lectures on, 230
Inflation in colic, 378
Ink, improvement in, 215
Insane, post-mortem examination of, 328
Iodic acid, 22
Iodine, medicinal virtues of, 341, 391, 392
Iris, absorption of, 376

Jaundice, pathology of, 404
Jaw, lower, longitudinal section of, 41
Journal, Boston Medical, notice of, 200
Journal, new medical, 213

Larynx, chronic diseases of, 334
Lecturers, notice to, 322
Leeches in the human stomach, 295
Library of Practical Medicine, 101, 295
Life, different stages of, 289
Lighting, economic, 39
Lithontrity in United States, 218, 403
Lithoplatomy, 30
Long, John, his celebrated liniment, 95
Lumbago, 151
Lungs, putrefactive disorganization of, 302

Magnetism a medical agent, 231
Marriages, revocable, 199
Mass. Med. Society, publications of, 101. Meeting of, 294, 306
Measles and pertussis simultaneous, 221
Medical college, new, 214
Medical degree, new, 198
Medical dictionary in press, 325
Medical literature, 61, 75
Medical mansion in New York, 264
Medical officers of the city, 296
Medical profession in the United States, 9
Medical school in Boston, 312
Mercury, effects of, 87, 220
Mind, effect of diseases of body on, 143
Morphia, acetate of, 291
Morphia in various diseases, 105, 326

Nervous and electrical fluids identical, 336
Neuralgia, Teale's cases of, 10
Nevus, new mode of operating, 319
New medicines, 211, 322, 341, 355

Obstetrics, pressure in, 60
Olei ricini fatal to horse, 119
Ophthalmia, ice in, 119
Oran-outang, 386
Overshoes for children, 81

Paracentesis thoracis, new species of, 90
Paris, medical state of, 174, 215
Parotids, swellings of in fever, 188
Pattison, Professor, account of, 280
Pediculi, 371
Peirce Dr. L. on injections of warm water, and a new instrument, 284
Peritonitis, Dr. Pierce's case of, 63
Pertussis and measles, simultaneous, 221
Pertussis, new theory of, 388
Pertussis, treatment of, 91, 233
Pessary, new, 127
Pessaries, new mode of extracting, 94
Pharmacy, Mass. College of, 103
Pharmacopœia, United States, 54, 230
Phlebitis, 364
Phlegmasia dolens treated by bandage, 15
Phosphorus, new mode of pulverizing, 407
Phthisis apparently cured by lead, 205
Phthisis—inhalation of chlorine, 331
Phthisis, Murray's cure for, 166
Physicians of Paris, 20
Pierce, Dr. C. Case of peritonitis, 63
Plague, observations on the nature and treatment of, by T. Millengen, 409
Plants, active principle of, 398
Plants, temperature of, 212
Poisoned cheese, 405
Poison of lead, 376
Poppies, syrup of, 360
Pressure on the abdomen in labor, 60
Prize essays, 75
Pregnancy, diagnosis of, 172, 183
Prurigo of delicate surfaces, 111
Pulse, effect of posture on, 217

Quackery, 39, 55, 95, 135
Quinia, phosphate of, 392
Quinia, sulphate of, 355

Reform, medical, 101
Respiration of fishes, 21
Respiration, physiology of, 82
Rheumatism, colchicum in, 369
Rheumatism in females, 96
Rheumatism of the chest, diagnosis of, 300
Rigors, influence of, 160
Robbins, Dr. C. on a peculiar affection of the organs of taste, 259

Salivation cured, 399
Salivation, spontaneous, 232
Sarsaparilla, preparations of, 109
Scarlatina, epidemic, 240
Scarlatina, treatment of, 38
Seeds, germination of, 289
Select Medico-chirurgical Transactions, 326
Sinapisms, best mode of applying, 93
Skeleton, living, in Paris, 118
Skin, mechanism of, 25
Skin, new work on the diseases of, 391
Smallpox, constitutional management, 377
Smallpox in Lynn, 387
Smallpox pits prevented by calamine, 318
Solidification of turpentine, 389
Sovereign remedies, 408
Spectral illusions, 393
Spinal irritation, Dr. Hubbard's case of, 208
Spine, supposed diseases of, 153
Spoon swallowed by a maniac, 310
Stammering, 130, 288
Stomach, cartilaginous state of, 71
Strabismus, 114
Strychnia and brucia, 260
Styptic, new, 379, 405
Sulphureous fumigation, 226
Surgeons, British, at court levees, 181, 215
Surgery, elements of, 134
Surgery of Egypt, 117
Surgical dictionary, illustrations of, 134
Swaim's panacea, new analysis of, 248
Syphilis, calomel in, 112
Syringe, new patent, 197, 284

Taliacotian operation, 87
Tariff, Quebec medical, 129
Taste, peculiarity in the organ of, 78, 259
Taste, seat of, 216
Tetanic symptoms produced by a foreign substance under the skin, 319
Throat, wounds in—Baron Larrey, 367
Thunder storms in France, 382
Tongue, blackness of, 65
Townsend, Dr. S. D. Case of croup, 243
Tympanitis intestinum relieved, 391

Union of divided parts, 131
University of London, 213
Urinals in cities, uses of, 390
Uterus, softening of, 106
Uva ursi in nephritic cases, 191

Vagitus uterinus, 327
Vaults, air of, 147
Veins, ausculation in, 161
Veins, inflammation of, cured, 171
Veins, jugular, pulsation of, 137
Ventilation, Hawthorne on, 97
Veratrum, 322
Voice, loss of and means of restoration, 311
Vomiting, mechanism of, 343

Ware, Dr. J. on change of color in the blood during venesection, 257
Welsh, Dr. Thomas, death of, 34
Wind, high, fatal effects of, 199
Worms, 121, 179, 194

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, FEBRUARY 15, 1831. [NO. 1.

I.

THE PECUNIARY CONDITION OF THE MEDICAL PROFESSION IN THE UNITED STATES.

The following brief extract from the Christian Examiner, a work which is already arrived at a high station as a literary, as well as moral and religious periodical, exhibits a correct view of the pecuniary state and prospects of the medical profession in this country; and however agreeable it might be to hope an earlier and richer recompense for our labors, we fully accord with its learned author in the opinion, that the prohibition of this or any other prescriptively affluent class in the community, "forms the most beautiful feature of our political system." The physician should cheerfully share with the lawyer, the divine, the mechanic and others, the sacrifice necessary to maintain this feature unimpaired; and the more so, since the sacrifice itself is, undoubtedly, in a majority of cases, immediately conducive to his own personal welfare, as well as to the good of his country.

The medical profession is certainly not eminently the walk of rich men. It presents little chance for those bold speculations, which, in their fortunate results, are the sources of affluence. It confines its attentive professors to a quiet, retired, and private circle of duties, little connected with the bustle and business of the moving and active world. It has other thoughts and other feelings for its daily conversation—other and deeper tones of sentiment, that sound the utter feebleness of all the wealth of worlds to give happiness or peace. The medical man, who has the confidence of society in his professional skill, has a mind too much occupied with the distresses of his fellow beings, is drawn too constantly into the chamber of disease, is a witness too often of disappointments, which the feebleness and frailties of life interpose between hope and enjoyment, to be in any respect a money-making man. His professional emoluments may be large. They are justly so, if they can in any degree repay that anxiety and interest, which throw on him no small part of the agony he may be unable to alleviate; or if they would reward that deep solicitude and care with which he ministers to a family diseased. But professional fees, even at the close of a very long and active life, hardly compare with the profits of one fortunate voyage, or the successful operations of a single day on the exchange. If wealth comes to the medical man by the accumulation of his daily gains, it comes only when the desire of using it to any personal advantage has passed away, and its great end is to portion off a daughter, or aid a son in that education which may lay the foundation of his usefulness in society.

But the medical profession, like that of law, is crowded with ardent competitors. The success which may enable a man to accumulate a fortune is rare. It is the result of accident, which unfrequently occurs, or of great talents and sagacity, which very few possess. Most men are contented with a competency, and many fail of acquiring even that. As an intellectual, and thus a very useful class of a community, medical men are entitled to high respect and esteem. As a class indispensable to the preservation of the greatest of human blessings, they are invaluable. As a generous, liberal, disinterested class, forward to render their aid in charitable and beneficent operations, where benevolence or humanity can be promoted, or suffering can be relieved, they are, in this country, eminently entitled to the gratitude of their fellow citizens. But, as a wealthy class, able if they were willing, or willing if they were able, to do anything for the support of a monied aristocracy, or to give any assistance to any scheme adverse to popular rights, the medical men of the United States are, of all others, the most distant from any possible suspicion.

II.

CASES OF NEURALGIA, TREATED SUCCESSFULLY BY MR. TEALE.

We have spoken, on a former occasion, of Mr. Teale's treatise on Irritation of the Spinal Marrow and the Ganglia of the Sympathetic. The reader had then the promise of some of the cases offered by Mr. T. in confirmation of his views—some examples of the efficacy of remedies, in these complaints, when applied near the origin of the nerves which supply the part affected. The five following pages cannot be better improved than by recording a few of these cases.

CASE V.—*Neuralgia of the Mamma, or "Irritable Breast."*

Mrs. ——, æt. 48, but without having experienced any change in the catamenia, of a healthy appearance, and mother of a large family, had suffered about seven years from a painful affection of the left breast. On examination, it was found to be exquisitely sensitive to the slightest touch; it was somewhat increased in size, and irregularly indurated, having a knotty feel, and an obscure sense of tumors, as if the glandular structure were enlarged at different parts. The integuments and cellular substance between the breast and clavicle, and towards the axilla, were thickened. There was a constant sense of uneasiness in the part, but her chief sufferings arose from its highly sensible state, which constantly exposed her to pain from the irritation of her dress, or any accidental contact. Her spirits were depressed, and an apprehension that the disease would prove cancerous, although she was repeatedly assured of the contrary, was a source of great anxiety. Leeches, evaporating lotions, and warm fomentations, had been employed, and medical treatment had been particularly directed to the digestive organs: these means were occasionally productive of slight alleviation, but never of permanent benefit. The complaint varied in degree, being sometimes less severe for a few weeks, without any obvious cause for the temporary amendment.

Whilst in this state (September, 1827), she became subject to pains in the scalp, and vertigo, attended with flatulence. The symptoms directed my attention to the spine, which, on examination, was found to be tender in several parts. The most painful vertebræ were the second cervical, the seventh cervical, and two upper dorsal. Leeches were applied to these parts, with considerable relief to the pains in the scalp, and vertigo. Since that time, she has been occasionally in the habit of applying leeches, a blister, or a sinapism, of her own accord, when there has been any return of uneasiness in the head.

On making inquiry (August 10th, 1829), respecting the complaint in the breast, of which I had not heard any mention for several months, she tells me that from the time of her commencing the treatment by local applications to the spine, the affection of the breast has disappeared. The pain and swelling are removed, and the breast resembles the other in every respect.

The circumstance of finding a portion of the spine tender, and the removal of the tenderness by suitable remedies being unexpectedly accompanied with relief of the breast, could not fail to produce a powerful impression on my mind, and to excite a suspicion that this irritable affection of the breast was a neuralgia of that part dependent on disease of the spinal marrow.

Case VII.—*Intercostal Neuralgia.*

Jan. 1, 1828.—I was requested to visit Mr. H., æt. 40, who had been much out of health for several months. He complained of a constant pain in the right side of the chest, occupying the intercostal spaces between the fourth and seventh ribs. These spaces, to the extent of a few inches, were tender on pressure, and the pain was increased by deep inspiration. The intercostal muscles at this part were occasionally affected with spasm. His most intense sufferings, however, were caused by acute pains shooting through this part of the chest, extending to the back, and darting thence towards the shoulder: these pains would sometimes strike through the left side also, and then the chest felt completely encircled by the pain. The dull, fixed pain was constant during the day, and became a little relieved by recumbency; the darting pains recurred at intervals of a few minutes throughout the day, were less frequent, but occasionally very severe during the night. He suffered sometimes from similar darting pains, but of less violence, in the scalp. Pulse natural; tongue slightly furred; bowels regular; appetite deficient; occasional flatulence; frequent cough, without expectoration; considerable emaciation.

His symptoms have existed, in this degree of severity, about five or six weeks; but for a few months he has been much out of health, and has gradually lost flesh. He has frequently suffered from the pain in the side for ten years, and has seldom been entirely free from it. A few years ago, considerable fear was entertained that he was consumptive; and his friends have lately felt great anxiety from a similar apprehension, more particularly as he has sustained the severe loss of an amiable wife from pulmonary disease a few months ago. He has lately undergone a great variety of medical treatment, without relief; leeches and blisters have been applied to the painful part of the chest, without benefit.

On examining the spine, there was a very decided tenderness in the third and fourth dorsal vertebræ, of which he was not previously aware; but on his attention being directed to this part, he recollected that it had often been the seat of a sensation of heat and of some uneasiness, and remarked that the darting pains in the chest appeared to strike to and from that part.

The plan of treatment recommended, consisted in recumbency, and local antiphlogistic remedies to the tender part of the spine. From the 1st to the 25th of January, dry cupping was twice employed, leeches twice, a blister three times, and a sinapism once. This may appear a rapid repetition of painful remedies in so short a time; but they were generally repeated at the request of the patient, from the decided relief of the pains in the chest, which he obtained after each application. After the 25th, a degree of irritation was kept up in the skin over the tender vertebræ, by a liniment containing oil of turpentine. The medical treatment was extremely simple; consisting of an occasional dose of rhubarb, and an effervescing draught, which he found grateful in allaying a troublesome sensation of thirst. By the 25th of January, he was so much relieved as to resume his usual avocations; the pain in the side could only be perceived occasionally, and in a very slight degree. He was directed to take the sulphate of quinine, and to continue the use of the liniment for a few weeks. On the 20th of February, he considered himself perfectly well.

Aug. 26th, 1829.—Since the last date, he has enjoyed better health than for several preceding years, has gained flesh and become stout in figure. He has entered with great activity both into his business and recreations. A few times, "after taking cold," he has felt slight uneasiness in the back and pain in the side; but these were so trifling as to occasion no inconvenience.

Case XIII.—*Dyspepsia, Pulsation in the Epigastrium, &c.*

June 5th, 1828.—Mrs. W., æt. 23, married, but has had no children; complains of pain in the left side of the abdomen, an oppressive weight or load at the stomach after eating, constant weariness, and extreme muscular debility. These unpleasant symptoms have affected her during the last five weeks. The pain in the left side is seated in the muscles, extends between the lowest ribs and crista of the ilium, for about five inches transversely; it is a little increased on pressure; is fixed, and continues both day and night. There is a sense of constriction at the lower part of the chest, and a feeling as if a cord were tied round the waist, midway between the ensiform cartilage and umbilicus, which compels her to stoop forward. At night this corded sensation is sometimes so violent as to cause her to raise herself into a sitting posture, with the body bent forward. After taking food, either liquid or solid, the sensation of a heavy ball or weight is felt at the stomach, and continues generally for about an hour and a half. There is almost always a distressing pulsation in the epigastrium, which never ceases entirely, but only at intervals abates in violence, and is much aggravated by the ingestion of food. Frequent remittings occur soon after taking food, and often, when it has been swallowed, it is gradually regurgitated by mouthfuls, until the stomach is evacuated; flatulence in a slight degree, and acidity, constantly attend the digestive process.

On inquiry, I find that she has aching pains in the legs, and such a feeling of weakness that the exercise of walking is attended with great difficulty and exertion ; there is soreness of the skin, extending over the thighs, particularly felt on rubbing the hands over them, and prickling sensations, which principally take the course of the saphena nerve. The toes are frequently drawn into an involuntary state of flexion, particularly at night, and she is unable to rectify them by the effort of the extensors. On examining the spine, there does not appear any deviation from its natural form, but there is considerable tenderness on pressing the seventh, eighth, ninth, and tenth dorsal vertebræ; a slight degree of tenderness below, and a still slighter degree in a few of those above.

A blister to be applied over the tender vertebræ.

10th.—She feels much better, and says she is "not like the same being." The blister was applied on the evening of the 6th : on the next morning, the pain in the abdomen had vanished. Since that time, she has not felt the pain and weight at the epigastrium, and the pulsation is greatly diminished. The food has not been regurgitated ; digestion has been performed comfortably ; she feels that her "food does her good." She is free from flatulence and acidity ; the muscular power of the lower extremities is increased, and the prickling sensations and numbness have left her entirely.

On pressing the spine, only a slight trace of tenderness can be detected in the original situation. Ordered another blister, to guard against relapse.

16th. — She considers herself perfectly recovered.

Eight months after this date, she had continued well, and had enjoyed better health than for several preceding years.

Case XV.—*Flatulence, Pyrosis, Neuralgia of Thoracic Parietes.*

June 12th, 1828.—Mrs. B., æt. 64, an emaciated old woman, complains of being greatly annoyed by discharges of air from the stomach. She has pain across the epigastrium, resembling cramp, increased at intervals, and when it abates a little, is replaced by a sense of soreness in the region of the stomach ; corded sensation round the waist ; sudden and copious discharges of air from the stomach, occurring frequently during the course of twenty-four hours, and sometimes continuing for an hour at a time ; pyrosis in a great degree. No affection of the extremities. She has suffered from these symptoms for several months, but in a more violent degree during the last fortnight. Great tenderness on pressing the fourth, fifth, seventh, and lower dorsal vertebræ. Four days ago, she applied a blister to the epigastrium, but without the slightest relief ; indeed, she considered the symptoms were aggravated by it.

Apply a blister to the lower dorsal vertebræ.

19th.—The corded sensation and pyrosis ceased during the application of the blister : the attacks of flatulence and distension are much reduced in frequency, violence, and duration. There is a little tenderness in the fifth dorsal vertebræ : the lower part of the spine cannot be examined, as the skin remains painful from the blister.

Six leeches to be applied near the fifth dorsal vertebra.

On the 24th, the flatulence caused

very slight inconvenience; and on the 2d of July, she considered herself quite well.

Case XIX.—*Palpitation, Affection of the Stomach, Leucorrhœa. &c.*

May 19th, 1827.—Miss H——, æt. 22, complains of pain and oppression at the stomach, vomitings, pain in the head, palpitations, and general debility.

On more particular inquiry, I find she is subject to frequent vomitings, especially after eating; painful oppression, a tightness across the epigastrium, increased by taking food, and slightly, though not entirely, relieved by vomiting; pain in the left side, between the seventh and eighth ribs; tightness across the upper part of the chest; attacks of palpitations, which continue for a few minutes, and recur, after short intervals, both day and night, but more violently towards evening and in the early part of the night; when the attack of palpitations has been more violent than usual, the interval is rather longer; the palpitations are always accompanied with dyspnœa and wheezing sensation, which is perceptible on applying the hand over the upper part of the chest. She also suffers from a frequent loud cough, unattended with expectoration; a constant tickling sensation in the throat, a little above the upper part of the sternum; aching pains in the elbows and shoulders; prickling sensations at the tips of the fingers; aching pain at the upper part of the neck, and in the occipital region; acute darting pains in both temples, varying in intensity, and attended with violent throbbings; vertigo on suddenly moving the head, or on directing the attention to anything; fixed pain in the abdominal muscles on each side; aching in the loins; pain in the bladder both before and after evacuation, and frequent inclination to pass urine; profuse leucorrhœa; pain in the thighs and knees; occasional prickling sensations in the legs; frequent cramp in the calves of the legs; shiverings, and sensation of cold water trickling down the back; catamenia regular, but attended with pain; bowels regular.

Her complaints undergo considerable aggravation in the evening and in the early part of the night; the exacerbations occur even if she be entirely recumbent.

She has not enjoyed good health for many years; but has been more severely afflicted during the last fourteen weeks. Has been habitually subject to leucorrhœa for upwards of five years, and has been more or less troubled with the palpitations and disorder of the stomach during that time. She has undergone a great variety of medical treatment.

The spine is tender throughout its whole extent, but more particularly at the second and third cervical vertebræ, from the fifth to the tenth dorsal, and at the two lower lumbar vertebræ and sacrum.

Recumbency, and the abstraction of blood from the neighborhood of the spine by cupping, were recommended. She was confined to bed five weeks, during which time the most tender parts of the spine were cupped three times, and the turpentine liniment was used night and morning. After the first operation, she felt greatly relieved both of the palpitations and vomiting, and was able to sleep comfortably; although, for a length of time, she had been subject to watchfulness, and had not been able to procure repose even from opiates, which had previously been freely administered.

After each succeeding abstraction of blood by cupping, most decided improvement was experienced, and at the end of five weeks she was so far recovered as to leave her bed, but occasionally reclined upon the sofa when she felt weary. She also persevered in the use of the turpentine for a few weeks longer, after which she perfectly regained health, and became active and strong. The palpitations, pains, and affections of the stomach, entirely disappeared; and what must be particularly noticed is, that she became quite free from leucorrhœa. She continued well until June, 1829, when I was again consulted on account of a recurrence of her complaints, more particularly of the palpitations and leucorrhœa: she remained under treatment about a month, but was only recumbent a week; leeches were applied twice, and a blister three times, to the spine, after which she perfectly recovered. I have seen her this day (September 4th, 1829); she is looking well, and is free from all unpleasant symptoms. She has no leucorrhœal discharge.

III.

CASE OF PHLEGMASIA DOLENS SUCCESSFULLY TREATED BY THE APPLICATION OF THE BANDAGE.

Communicated in a Letter from Dr. William T. Young, *of Triana, Alabama, to* Professor Dudley.

Sir,—Believing that you do always feel a lively interest in the success of the bandage over morbid action, in whatever part of the system it may take up its abode, I had intended, at this time, to give you the full history of a case of phlegmasia dolens, of long standing; but am prevented from doing so, in consequence of misplacing my notes made on the case: hence I can only communicate the termination of it for the present.

The subject of this truly painful disease was, at the time of her illness, in the 36th year of her age, and had given birth, a few days before, to a fifth child. She has light blue eyes, and dark-colored hair; sallow complexion; sanguineo-bilious temperament; fat habit of body, and rather lower than the ordinary stature of her sex. When I was requested to visit her, the first time, with the attending physician, her situation presented to my mind a truly lamentable aspect; for she had been confined to the bed upwards of three months, and had more the appearance of a dead body dried, than anything I could imagine, with the exception of her lower extremities, which were swelled to that degree, that the skin covering them appeared just ready to burst in several places.

As every rule of practice that could be made to bear on the case was gone through with, by her able physician, before I was called in, with the exception of the bandage, I really was at a loss to know what farther to advise for her then situation; but after examining the case attentively again, I came to the conclusion to recommend, in opposition to their prejudices, the judicious application of the bandage—not, however, from my own knowledge of its efficacy, for I had not yet used it in that disease—but from your testimony of its utility in that affection; and although my advice was reluctantly received by the physician, as well as her friends, I, in their presence, applied it on both her legs, from the toes to her hips. You cannot imagine my gratification on my next visit, five days after, at finding the bandage quite loose, the limbs much reduced in size, and the patient decidedly better. At this visit I took off the bandage, and reapplied it firmly and neatly on the limbs; and by the use of it, with a generous diet, the lady was able, in three weeks from the date of the first application, to walk across her chamber, and, in two weeks more, was restored to her usual good health. The success of the bandage in this case may go to prove, to every candid inquirer after truth, that the true pathology of that disease has been very imperfectly understood.

Transylvania Journ. of Med.

IV.

MR. DAVIS' REPORT.

To the Editor of the Boston Med. and Surg. Journal.

SIR,—I am glad to find that the subject of providing facilities for the study of human anatomy, is likely again to engage the attention of the legislature and the public; not because it is very probable that any very liberal act will be passed during this session, or that any very thorough change in the opinions of the community is to be effected by a single document, however able and however widely circulated: but it is well that the subject, having once been presented, should be kept before the eyes of reading and reflecting men, and that the absurdity of existing prejudices on this subject should repeatedly be exposed, until we gain by perseverance, what mere argument will not procure for us. The truth is, the opposition to an anatomy bill is not so much matter of reasoning, as the impulse of feeling; few undertake to resist or reply to the arguments in detail, but most, if not all, shrink at the conclusion to which they lead. Tell a man that the end and aim of the science of medicine is the safety and welfare of the human race; he readily assents. Show him that this cannot be pursued with any success independently of anatomy; he readily admits their indissoluble connection. Represent to him the impossibility of studying anatomy without subjects; he grants it: but ask him for the body of his wife or his child, or even for that of the humblest pauper in his village, for dissection, and he revolts at the idea. Now this feeling must be overcome by feeling. The public must be convinced that our interests are their interests; that they are in fact cruel to themselves, to their families, and to their poor neighbors, when they refuse to forward and encourage this branch of science; that for the dissection of the dead, if this be refused, must and will be substituted the mangling of the living; and that the sin and the sacrifice will lie at their own doors: of all this they must be fully and deeply persuaded, before we can obtain a legislative enactment very favorable to anatomy. Now the means by which this change of feeling is to be brought about are various. Something, no doubt, can be effected, by making the subject of anatomy and its connections familiar with the public, as is in some measure effected by popular lectures. Something, too, is to be hoped from the personal influence of practitioners among their patients and friends,—an influence which is always considerable, and which cannot certainly be more beneficially employed. But the most potent engine, after all, is the press ; and it is by publications of a popular character, diffused extensively among the reading classes, that an effect of this kind is mainly to be hoped. Gradual, we are convinced, the change must be ; it is only by a continual dropping, by renewed efforts at persuasion, that this barrier of general prejudice will ever be broken down. It is, then, as one of these means, that we hail the appearance of Mr. Davis' Report ; it adds one to the number of the appeals from the profession to the public, or rather, we might say, from the public to its own tribunal, which we are confident are not unheeded, and which we cannot but believe will finally be successful. It is in this view, rather than with reference to its general character, that I offer you a few brief remarks on this document.

It may be observed, in the first place, that, considered as emanating from the Chairman of the Committee, the Report appears as the production of an individual not personally familiar with the subject of which it treats. On the whole, we may regard this circumstance as a fortunate one, with reference to the effect it is likely to produce. There can certainly be no surmise of a professional bias, on the part of the author, in favor of the cause which he espouses. Mr. Davis comes forward as one of the public, as the representative of their interest, and an advocate for their welfare. On the other hand, it is to be admitted, that, on a subject like the present, one not acquainted with its details must think and write with some degree of constraint. There is a feeling of the danger of committing one's self, by some inaccuracy of expression or some error in point of fact, which interferes with the freedom of language necessary to convey a strong impression and to produce conviction. We say not this as intending to reflect on Mr. D.'s performance, in which, considering this disadvantage, he has been remarkably successful ; and indeed, were it not for the unity and similarity of style which pervades the composition, we should be led to suppose that those passages which refer to surgical topics, and particularly to hernia, must have been furnished him by some professional friend. At all events, his good judgment is manifested in the attention given to those portions which, from their practical character, are peculiarly important.

In the sketch of the history of medicine with which the first part of the Report is occupied, the author displays much learning and research, and has adduced many curious historical facts, which, even to medical readers, will be new and interesting. I am not certain, however, that, in showing the veneration with which the faculty were regarded in former times, he adds anything to the force of the argument for the importance of anatomy ; for it is well known, that, whatever other claims the practitioners of Egypt or of Greece had to the admiration of their countrymen, a profound knowledge of this branch of our science did not constitute one. Neither is the example of these countries necessary to show that the medical character ought to be held in respect, since we believe all are willing to admit this proposition without argument. Of respect, indeed—that is, of blind vulgar admiration—physicians have now, and have always had, enough and to spare, honoris satis superque. In fact, it is, and ever has been, one of the most serious obstacles to the real usefulness and respectability of the profession, that its members are looked up to as a sort of astrologers; as men who produce ends without means, see what is invisible, and gain knowledge by a mysterious inspiration wholly different from the vulgar mode in which it is acquired by other descriptions of persons. That there are those who take advantage of this superstitious feeling, on the part of the public, for their private benefit and emolument, there can be no doubt; but it were better for the interest, as well as the character, of the profession generally, that these vague and extravagant notions should finally be exploded. We are told in history of one Menecrates, a Macedonian physician, who was so much applauded by the people for the wonderful cures which he performed, that he began to fancy himself actually a Deity; and that King Philip, to cure him of this vain conceit, invited him to a banquet, where, instead of being served, like the other guests, with meat and wine, he was placed by himself near a splendid altar, and nearly suffocated by the fumes of burning incense. The situation of the modern Menecrates, if not as ridiculous, is quite as disagreeable; his vanity is fed with adulation, but the most valuable mental aliment is refused him; and while he gains credit for superhuman skill, he is denied the means of acquiring that knowledge, by means of which alone he can be truly respectable or useful.

I observe appended to the Report, answers, from the most eminent physicians throughout the country, to two general questions respecting the importance of anatomy as a branch of general science, and the adequacy of the present means in this department of education. To these questions there could be, in fact, but a single answer returned, by persons acquainted with the nature of medical practice in this country, and the difficulties with which this study is attended; and we regret that the effect of this answer is weakened, as we think it is in the present case, by being repeated in every variety of size, shape, and language, which the various circumstances of the persons to whom it was addressed induce them to adopt. Some of these replies, it is too evident, are not calculated to aid the cause; and from the mere consideration of their number, a part, we think, might judiciously have been omitted. Had the questions been so worded as to have drawn forth the facts, in the possession of each individual, illustrating the necessity of anatomical knowledge, which we have no doubt might have been procured in abundance, a mass of documents would have been presented infinitely more convincing than a hundred general opinions, though signed by great names, and backed with all the authority of the great French hospitals.

These, however, are trifling blemishes, and can only be regarded as such when viewed in reference to the effect likely to be produced by the Report, in reconciling the public mind to some provision for the support of this important science. For the rest, Mr. Editor, I would again express my satisfaction at seeing this Report, rejoicing that the task of drawing it up has fallen into so able hands, and assuring its author, with confidence, of the gratitude of the profession, of whose cause he has peculiarly avowed himself the supporter.—Yours, respectfully, A SUBSCRIBER.

MEDICAL JOURNAL.

BOSTON, FEBRUARY 15, 1831.

THE ANATOMY BILL.

On Friday last, the bill, offered by the Committee of the House of Representatives, for the purpose of legalizing the study of anatomy, passed to be engrossed, by a vote almost unanimous. Should this bill pass without difficulty through its other stage, and be confirmed by the Senate, of which there is little doubt, Massachusetts will have added to its other high honors, the honor of first legalizing the dissection of the human subject, under such restrictions as good order and the strictest propriety may demand, when this can be done without wounding the sensibilities of any living being.

The bill has not thus passed in the precise form in which it was reported by the Committee and published in this Journal. The amendments which have been made in it, go to limit, in a very great degree, the extent of the immediate usefulness of the enactment; but they leave, we apprehend, as great a facility to the acquirement of correct anatomical knowledge, as we have any reason to expect of the public at the present time. They exempt from dissection, under any and all circumstances, the bodies of all strangers or travellers, or other persons who may die suddenly, without an opportunity to make known who they are or whence they came; and they exempt also, in the same unequivocal manner, all "the towns' poor." Although this last exception will deprive the anatomist of *some* subjects, which, of all others, are the most proper for dissection, and may be used for the advancement of science, with the least possibility of inflicting a single pang,—yet, it gives a direct, express, and perfect security from such destination, to the whole mass of town paupers, which, though amply given to the virtuous by other provisions of the act, may tend to conciliate the feelings of a very sensitive public, and ensure perhaps, the more effective attainment of the object of the bill, in the very few cases which have been left for its accomplishment. When this act shall have remained a few years on the statute book, and its practical usefulness have been fully tested and made clear to the public, then, any unnecessary exceptions it contains may be removed, if such alterations are deemed requisite and proper. Suffice it for the present, that the members of our Legislature have shown so much discernment, so much independence, so much superiority to vulgar prejudice, and such a wise regard to the true welfare of their constituents and the honor of the Commonwealth, as thus publicly to sanction a principle which has so long struggled beneath the weight of misguided or unsubdued feeling.

There is one point, at least, of importance to the profession, which will be clearly attained by the present act. As the law now stands, if a physician have in his possession any part of a dead human body—be it but a skeleton or a single bone, this possession is considered prima facie evidence that he came by it improperly, and he is subject to all the penalties of the law, as much as if he is detected in obtaining or dissecting a human subject; unless he can show, by sufficient evidence, how he came in possession of such part of a subject, and that it was not unlawfully procured. Thus is almost every physician in the Commonwealth liable to be annoyed by a prosecution, fine, and imprisonment, if an offended or troublesome person chooses so to annoy him. It will be observed that the 4th Section of the present act entitles the physician to hold such property without reserve, and secures to him and his student the quiet and undisturbed possession and use of human subjects, or any parts of the same, for purposes of dissection and scientific investigation.

In the course of the debate on this subject on Thursday last, an honorable member from this city, after expressing very briefly, but impressively, his accordance with the sentiments expressed in this bill, added, that so solemn was his conviction of the great benefits to society of human dissection, and of its unqualified necessity to the comfort and happiness of mankind, that it was not improbable he should make, in his will, such a disposition of his own body.

When the subject shall have been disposed of finally, by both branches of the legislature, we shall publish the bill, if it becomes a law, in the form in which it was enacted; but, at present, we should be guilty of a gross neglect of duty, were we not to add that the profession and the community are under great obligations to John Brazer Davis, Esq., Chairman of the Anatomy Committee, for his indefatigable and able efforts to remove the unreasonable restrictions imposed, by the law, on the pursuits of anatomical science.

LIVING PHYSICIANS OF PARIS.

A very neat little duodecimo, of 130 pages, has been published a few days in this city, by Messrs. Carter, Hendee & Babcock, which gives a brief sketch of the character and writings of some of the most distinguished medical men in Paris. These sketches are translated from the French, by Dr. Bartlett, of Lowell. The original is a much larger work, and Dr. B. has offered the American faculty an account of such only of the Physicians and Surgeons of the French metropolis, as have been in a measure known in this country, by their writings or their general professional reputation. About half the work is devoted to a history of the Surgeon of the Hôtel Dieu, and the Physician of the Val de Grâce;—these are unquestionably at the head of the two great branches of the profession in Paris, and many events in their professional course, and circumstances illustrative of their peculiar habits and characters, are set forth, in this work, with brevity and spirit. It also contains sketches of Chaussier, the great Desgenettes, Dubois, Pelletan, Marjolin, Richerand, and Civiale. In the account of the latter, are embodied some useful remarks on that admirable surgical improvement (lithotrity) with which the name of Civiale will ever be associated.

The memoirs of Dupuytren and of Broussais, are accompanied by lithographic portraits of those distinguished individuals.

RESPIRATION OF FISHES.

It is a familiar fact, that the function in fishes which corresponds to that of respiration in land animals, is performed by the gills—the oxygen necessary to the renewal of the circulating fluid being obtained from the water, successive portions of which are transmitted over the surface of these organs. The question has very naturally suggested itself to philosophers, why it happens that these animals are unable to support life in the atmosphere by which this principle is so abundantly furnished; why, in fact, the process does not go on even more perfectly when the gills of the animal are exposed to atmospheric air. The usual explanation of this fact has been, that the air acts on the gills of the fish by producing an excessive stimulus; that the blood, instead of receiving its due share of oxygen, imbibes an excess of this principle, and becomes incapable of maintaining the proper actions of the system; and, in fact, that the fish, when placed in air, is affected precisely in the same manner as land animals, when forced to respire pure oxygen. This explanation has generally been regarded as sufficiently satisfactory, and derives confirmation from the effect which is noticed in warm-blooded animals, when confined in oxygen gas. It is found that death takes place as certainly, and nearly as soon, as when atmospheric air is employed; and that evident inconvenience is produced from the moment that its inspiration commences. Hence it seems natural to infer that similar and even greater inconvenience must be felt by an animal removed from water to air, and that the continuance of this undue stimulation for a certain time may be sufficient to produce death.

A new mode, however, of accounting for this phenomenon has been lately suggested, which refers the embarrassment in respiration, under these circumstances, not to the chemical, but to the mechanical influence of the change of medium. M. Flourens, who proposes this idea, has directed particular attention to the structure of the gills, and to their relative arrangement. He observes that there exist, in the greatest number of fishes, four pairs of gills on each side, forming sixteen laminæ, and presenting thirty-two surfaces to the action of the fluid. All the gills placed on the same side, when abandoned to themselves, collapse, and a certain degree of muscular effort is required to separate them. This is readily effected while the fish remains in the water, and takes place as often as a portion of this fluid passes over the organs. When, however, the animal is removed into a different medium, these movements become irregular, and, after a short time, cease entirely. The gills then become collapsed; and in place of the thirty-two surfaces previously exposed to the action of the atmosphere, there remain only four presented by the opposite sides of the two bundles. According to this view, therefore, the animal expires, not because the action of the atmosphere on the circulating fluid is injurious, but because, on being removed from its proper element, it is incapable of making those motions which may bring its respiratory organs into contact with the air, and thus permit them to abstract its oxygen. The details of the observations by which M. Flourens supports his views are not published; they have, however, been submitted to the French Academy, and have excited considerable interest.

AMPUTATION AT THE KNEE JOINT.

THREE cases in which this operation was performed successfully by M. Velpeau, at the French Hospital St. Antoine, are reported in the *Lancette Francaise.* After some remarks on these cases, M. V. concludes by recommending the following method of doing the operation:—

The skin is divided in a circular form, three or four fingers breadth beneath the patella, without involving the muscles. In dissecting it for the purpose of turning it back, it is necessary to preserve on the inner surface the whole of the layer of fat and cellular membrane, and not to deprive it of its capillary vessels. An assistant is then to lay hold of, and retract it towards the knee, until the ligament of the patella being divided, the instrument comes upon the interarticular space. The surgeon then divides the lateral ligaments; separates the extremities of the bones, by bending the limb a little; detaches the semilunar cartilages; cuts the cross ligaments; and concludes by dividing the vessels and nerves on a level with the reverted integuments. After having tied *or twisted* the popliteal artery, and the branches which may require it, the integuments are then brought together, with the angles above and below.

The conclusions drawn by M. Velpeau are—

1. That the objections to amputation at the knee joint are without foundation; and that it is in all respects preferable to amputation of the thigh.
2. That it is less dangerous, and more easy, than amputating at the thick part of the condyles, as practised by Larrey, &c.
3. That the circular incision is then best adapted to it, unless some particular circumstance should render the method by flap absolutely necessary.
4. That it permits the patient to use a wooden leg in a convenient and satisfactory manner.
5. That it ought to be adopted in all those cases in which amputation of the thigh has usually been practised.

Combination of Iodic Acid with Vegetable Alkalies.—It results from the experiments of M. Serullas, 1st, that morphine alone exerts a decomposing action on iodic acid, from which it separates abundantly the iodine—a character which may be taken as a distinction between this base and other alcoloids: 2d, quinine, cinchonine, strychnine, saturate iodic acid perfectly, and produce well-crystallized saline compounds.

It is supposed by the author that these new compounds of iodine and vegetable bases, may be found to possess medical qualities of a valuable character.—*Ann. de Chim.*

Hutchinson and Yelloly on the Infrequency of Calculous Diseases among Sailors and Soldiers.—The profession is indebted to Mr. Copland Hutchinson for having first pointed out the remarkable circumstance, that sea-faring people enjoy a comparative exemption from calculous disorders. It appears at the great Naval Hospitals, after deducting the cases of gunshot wounds, &c., only about one instance of stone occurred in 17,200 patients, whereas in the London and Provincial civil Hospitals, the number is about one in 400. Such are the results of those inquiries of which Mr. Hutchinson published an account some years ago. Mr. H. has recently given another paper which contains details on the same subject, derived from correspondents at the principal sea-port towns in England, Scotland, and Ireland, and of which we can only afford space to say, that they fully corroborate the conclusions at which Mr. Hutchinson had previously arrived.

Appended to the paper are some observations on the comparative frequency of calculous disorders in Scotland, by which it appears that there occurs about one case of stone annually in every 83,300 of the inhabitants—whereas in England, according to Dr. Yelloly, the number is one in every 108,000 of the entire population. This difference Mr. Hutchinson is disposed to attribute, in some measure, to the circumstance of the lower orders in Scotland living chiefly on coarse farinaceous food, particularly oatmeal cooked in various ways. They also drink freely of strong drinks—whiskey.

Dr. Yelloly confirms the observations of Mr. Hutchinson as to the relative frequency of calculous disorders in Scotland, and adds some information tending to show that calculous diseases are very rare in Ireland. The only other point to which we think it necessary to allude is, that the infrequency of the disease among sailors, so satisfactorily made out by Mr. Hutchinson, seems also to extend, in a certain, though not equal degree, to soldiers. Dr. Yelloly states, on the authority of Sir Jas. M'Grigor, that no instance of calculus occurred between Dec., 1811, and June, 1814, though above 330,000 cases were admitted into hospital; and that only four cases of calculus have occurred in the army in Britain during the last fifteen years: in Ireland only one such case has been met with.

New Pharmacopœia.—We observed, some time since, a notice in the Evening Transcript, and other newspapers, that the authorities of the Massachusetts Medical Society had determined not to adopt the newly-revised United States Pharmacopœia; but as no official notice of such determination has been sent us, and it is an affair of the profession alone, and not of the public, we presume the report must be erroneous.

NOTICES.

The communication respecting Mr. Halsted's vagaries will find a place next week. It came too late for this number.

With our next, the subscribers will receive an Index to the 3d volume of this Journal.

Whole number of deaths in Boston the week ending Feb. 3d, 13. Males, 7—Females, 6. Of consumption, 4; unknown, 1; inflammation, 1; old age, 1; teething, 1; palsy, 1; fits, 1; dropsy in brain, 2; burn, 1.

ADVERTISEMENTS.

COPARTNERSHIP NOTICE. The subscribers have formed a connexion in business as CHEMISTS, DRUGGISTS & APOTHECARIES, at Apothecaries' Hall, No 188 Washington Street, opposite Marlboro' Hotel, under the firm of JARVIS & PEIRSON.

NATHAN JARVIS.
GEORGE W. PEIRSON.

EUROPEAN LEECHES.

J. & P. have a few fine European Leeches—to the application of which, when directed by Physicians, they will attend without any additional charge. Feb. 8.

NEW MEDICAL BOOKS. This day received by CARTER, HENDEE & BABCOCK—Treatise on Surgical Anatomy. By Abraham Colles, one of the Professors of Anatomy and Surgery in the Royal College of Surgeons in Ireland, &c. &c. 2d Am.Ed., with notes, by J. P. Hopkinson, M.D.

Manual of Pathology, containing the Symptoms, Diagnosis and Morbid Characters of Diseases, together with an Exposition of the different Methods of Examination applicable to Affections of the Head, Chest and Abdomen. By L. Martinet, D.M.P. Translated, with notes and additions, by Jonas Quain, A.B.

Pathological and Practical Researches on Diseases of the Brain and the Spinal Cord. By John Abercrombie, M.D. Feb. 8.

WILLIAMS ON DISEASES OF THE CHEST. This day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By Charles J. B. Williams. Dec. 6.

BECLARD'S GENERAL ANATOMY. CARTER, HENDEE & BABCOCK have this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. Beclard, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By Olivier, M.D. Translated from the French, with Notes. By Joseph Togno, M.D., Member of the Philadelphia Medical Society. Dec. 28.

SURGICAL INSTRUMENTS AND CHEMICALS. Students in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston. Oct. 15. ep3m

---

GERMAN LEECHES. RICHARD A. NEWELL, Druggist, Summer Street, respectfully informs the Physicians and Public generally, that he has just received a fresh supply of the above-named *Leeches*, which will be sold at a *fair* price.

N. B.—Leeches sent to any part of the city, and applied, without extra charge, by day or by night. 6w—Nov. 8.

ABERCROMBIE ON DISEASES OF THE STOMACH. Just received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By John Abercrombie, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland. Sept. 28.

SURGEON DENTIST'S MANUAL. Just received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. Waite, Member of the Royal College of Surgeons. Nov. 2.

Published weekly, by John Cotton, at 184 Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid.*—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for common newspapers.

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, FEBRUARY 22, 1831. [NO. 2.

I.

THE MECHANISM OF THE SKIN.

It must be evident, that, to judge correctly of the property of any body, three things must be required: 1st, an external sensitive organ adapted to the property of the body to be ascertained; 2dly, a nervous cord, to transmit this sensation to the central mass; and, consequently, a central organ, to perceive it. Thus, to complete the office of the senses, three distinct organs are found in all animals where these parts are most numerous and perfect.

An animal deprived of the external senses may be said to live within himself, as he is destitute of all communication with the world around him: to him, color, sound, heat, and cold, give no pleasure, neither do they produce any pain.

This is the permanent state of the lower animals, as the zoophytes and vermes generally, these animals possessing but one rudimentary sense, which is exercised by the imperfectly organized integument covering the body. The senses are, strictly speaking, the most striking peculiarity of animals, and constitute more especially what is termed the animal life, and likewise the life of relation, by which the animal provided with them extends his relations, and lives not only in himself, but in connexion with surrounding bodies. The senses, in the most perfect animals and in man, are five in number; one of them being termed a general, and the remaining four special senses.

The sense of touch or tact is evidently the most general and the most important. It is the most general, since it is not only possessed by all animals, but, in addition, by all parts of every animal. It is uniformly possessed by all parts of an animal body, though one or more of these parts are peculiarly modified, in order to render it better adapted to the perfection and the performance of this sense.

The function of touch is generally considered, by physiologists, under a double point of view—viz., that of tact, which is the general property of all parts of the enveloping integument, and that of touch, which is alone possessed by the prehensile extremity, as the hand of man and the quadrumana. The seat of tact is the skin generally, this function being modified by the different organization of the part in man and animals: its perfection depends upon the delicacy of the skin, on the abundance of its nerves, and on the absence of the insensible parts which cover it. In the mammalia, the skin is always composed of four layers, distinct in their organization and properties. The most internal, or that by which the tinæ dermis is connected with the other parts of the economy, is the muscular envelope, the *paunicule charune* of the French anatomists, of which, in man, we have an example in the platisma myoides, dartos, and occipito-frontalis muscles, this muscular membrane being more or less extensively spread over the whole body in quadrupeds, by which a distinct motion is given to any part of the skin.

The first component part of the skin, properly so called, is the derma, cutis, or chorion. It is the thickest and strongest portion of the cutaneous envelope, is the base of its organization, and on the surface of which the other organs are placed. It is composed of condensed cellular tissue, the fibres of which are more or less compact, according to the different parts of the body, being firmer on the posterior surface of the trunk, where the chorion is principally destined for a defence, and more lax on the anterior, where its sensitive property is more strikingly developed. It is in the cells of the tissue of the chorion that earthy salts are deposited, to constitute the crustaceous skins of various echino dermata, as the lobster and asterias. It is this portion of the integument that limits the form of the animal, and gives it those varieties so extensively diffused through nature: whilst the remaining membranes are concerned more especially in the sensitive functions of this apparatus, it is the chorion that protects, as well as gives form and beauty to the subjacent organs. In man it is thin, as he is provided, by means of his reasoning powers, with other means of defence beside those which nature has given him. In several of the mammalia, on the contrary, as the pachydermata of Cuvier, to which order belong the rhinoceros and elephant, the density of the organization of the chorion enables it to resist a musket-ball. In the invertebrata generally, the distinction in the several portions of the skin is no longer apparent. The interstices in the substance of the chorion, which are more numerous on the anterior than the posterior surface of the body, give passage to the various veins, nerves, and arteries, which are distributed on its surface, and which there form a distinct membrane or body, termed the papillary body, from its being composed chiefly of the papillæ or capillary extremities of the nerves. The capillary body, which is the true seat of sensation, has been subdivided, by Bichat and De Blainville, into another element, termed by them the *reseau vasculaire*, or vascular net-work: this part is the web formed by the extremities of the arteries and veins on the surface of the chorion, and can be rather conceived than demonstrated. It does not appear to be distinct from the papillary membrane or body. This structure is most manifest on the pulps of the fingers in man, on the sole of the foot in the mammalia, and on the lips. The termination of the extremities of the nerves on the whole surface of the chorion, forms a complete nervous envelope (under the epidermis and rete mucosum), which is essentially and solely the seat of touch: the residence of this property never varying, it must be evident that the disposition of the nervous papillæ is similar throughout the whole animal kingdom, the exercise of this function being alike in all, and not varying as the organs of the special senses. The third element of the skin—the rete mucosum, corpus reticulare, or rete glutinosum of Malpighia—is a semifluid expansion covering the whole surface of the body, immediately under the epidermis : it is hardly perceptible in the inhabitants of temperate climates, and in them is so thin that Bichat has actually denied its existence. In the negro races it becomes very apparent, and the layer of pigment is more evident as the color of the skin approaches more and more that of the black. This part of the skin is essentially the seat of color, and is the residence of all those beautiful varieties met with in the skins of animals. Its color is different in almost every order of animals—it is black, brown, grey, white, yellow, green, gold, or silver, or copper color. In the class pisces, the pigment of the rete mucosum is very remarkable, and is productive of the various changes of color in the scales. Not only is the rete mucosum of the negro deeper in color, but it is actually of greater density in this than the other races, its thickness being in direct proportion to its deepness of color. It is so thin and fluid, in the albino, that the sun's rays soon cause vesications; whilst, in the negro, epispastics with difficulty produce this effect.*

The pigment of the skin, or rete mucosum, likewise exists upon a part of the mucous membranes, and, in the eye, on the surface of that vascular expansion of the choroid termed the tunica Ruyschiana.

The pigment of the skin is doubtless produced by the exhaling vessels, and this physiological process has its seat in the vascular expansion, on the surface of the chorion, on the external coverings of the body, and on the membrane of Ruysch in the eye. There appears to be a direct and constant relation existing between the color of the skin, and the intensity of heat and light to which the animal is exposed. It is certain that the beings who inhabit hot climates, and consequently are exposed to the heat of the sun in all its vigor, are remarkable for that depth and variety of color which is absent in the species dwelling in cold or temperate climates. This difference likewise exists between the fish of the torrid and frigid seas. These facts, however, do not sufficiently explain the true physiological reason of the variety of color in the pigment of the skin. We are better acquainted with the functions exercised by the black pigment of the choroid ; this matter, in the eye, is destined to absorb the rays of light which have passed the retina, and which, by a reflection upon it, would disturb and confuse the image pictured there, a false impression of which would be consequently transmitted by the optic nerve to the sensorium. It is probable that the pigments of the eye and skin are analogous in their structure ; they appear to be composed entirely of the globules of the blood, rendered black (as they exist in the eye) in the act of exhalation ; their various colors being assumed likewise during this process. What proves the identity of the pigments (the cutaneous and ocular) is, that, in the albinos, the absence of the coloring matter of the eye and skin is always uniform : if it be wanting in the eye, it is likewise so in the skin, and *vice versa ;* the two always fail simultaneously. The colors of the hairs, feathers, and nails, are due to the presence of the same pigment, which does not differ from the ordinary rete mucosum of the skin. In the albinos, the hairs and nails are invariably white.

---

* Beclard, Elémens d'Anatomie Générale, p. 254.

The pigment, which is to determine the subsequent color of the skin, is not deposited in its situation till after birth, at least not to any extent. This can hardly be determined in the inhabitants of European climates ; but if the skin of a young negro be examined immediately after birth, it will be found that the coloring matter only exists around the roots of the nails : subsequently, it is secreted upon other parts of the body, but first at the roots of the hairs, where the vascular system is in greatest activity ; it gradually darkens the whole surface of the skin, and becomes more abundant as the person advances in age. The imperfection and incertitude of vision in young animals, appears to arise from a deficiency in the quantity of black pigment in the eye. In the negro race, the pigment is darkest and in greatest abundance. The Mougolian, or Asiatic race, is frequently denominated the yellow variety, from the predominating influence of this color in the pigment of the skin. The American is likewise termed the red, or copper color, from the same cause ; and the European, or Caucasian, the white. We cannot doubt, in examining comparatively the inhabitants of different climates, that light and heat are the principal causes of the variety of color in the rete mucosum. The rays of a tropical sun appear to stimulate the vascular net-work of the skin to throw off an increased exhalation of pigment ; and we see, in this climate, that the persons and parts of the body which are habitually exposed, acquire a proportionally darker tint than those which are constantly sheltered and defended. The black pigment is occasionally deposited under the epidermis in Europeans. A part of the skin may become black, and produce that affection termed "melanism" by Dr. Blainville.* It consists in the ordinary colored integument putting on, over a part of the body (particularly the breasts), the color of the skin of the negro : it occurs, I believe, only in pregnant women. Le Cat and Camper have recorded cases.†—The deposits of the black morbid tissue, termed melanosis, in any of the internal organs, is nothing more than an *error loci*, as it were, of the pigment of the skin, under another aspect or color. The varieties in the color of the pigment, met with in the animal tribe, are almost innumerable ; there are as many colors in their integuments, as there are shades in the solar spectrum. These varieties are numerous among the mammalia, in whom the most remarkable are the brilliant blue and red hues on the face of certain baboons. In birds, the brilliancy and difference of color are peculiarly remarkable in the feathers, and rarely in the skin itself ; whilst, in all the other classes, the coloring pigment is found immediately under the epidermis. Many of the colors of the animal kingdom are owing to a peculiar refraction of the solar rays, caused by the disposition of the organ from which they are refracted : this is the case principally in the class aves ; for if the feather be plunged in water, the color is changed, which would not be the case were it owing to that of the pigment.

The epidermis, to which Blainville* proposes to give the name of ceratine corneine, or horny matter, on account of its properties, presents us with an additional number of varieties, which constitute the epidermoid system, or its products and dependencies. We have seen that it takes the name of epidermis when disposed as a covering to the skin, and epithelium when met with upon the internal integuments, or mucous membranes. Besides these parts, it forms all the varieties of hairs, horns, scales, feathers, and, according to some anatomists, the teeth ; all these organs resulting from the successive deposition of ceratine or epidermoid membrane, secreted by the vasculo-nervous pulp of the bulb of the hair, feather, or nail.

---

* Cours de Physiologie Générale et Comparée, par Hollard. Paris, 1829-30.

† Le Cat, "Traité de la Coulour de la Peau Humaine," p. 130.

Camper "On the Connexion of Anatomy with Painting," by Dr. Cogan, p. 16.

In the human subject, the hypertrophy of parts of the epidermoidal system constitutes what is termed icthyosis, or fish-skin disease ; in which the exhalation of the ceratine becomes morbidly increased, and resembles the scales of fishes, or the epidermis of pachydermatous animals, as the hog or rhinoceros.

In the mammalia, the ceratine, or horny exhalation of the skin, constitutes the epidermis, the nails, the claws, and the teeth of cetaceous animals, and of the ornithorynchus or duck-billed animal.

In the aves, in addition to the common epidermis and the claws, we find the ceratine forming the feathers, the beak or horny covering of the mandibles.

In the reptilia, it constitutes the scales and horny prolongations of the claws.

The bulbs of the hairs, feathers, and nails, are composed, like the cryptæ, of fibrous envelopes with open extremities, one admitting the nerves and vessels, and the other giving passage to the excreted portion of the hair or feather. In their passage through the epidermis and pigment of the rete mucosum, the hairs carry before them a layer of each of these parts ; the epidermis being detached under the form of minute transparent scales, and the layer of pigment carried forward by the point of the hair giving to it its peculiarity of color. A strict analogy exists in the formation of feathers, the nails of man, the hoofs and claws of the mammalia and birds, and the scales of fishes : in the single hair, the bulb is likewise single and isolated ; but these parts are agglomerated or compound when nail or hoof is to be formed. These garments of animals, from their texture, are bad conductors of heat, and are well calculated for preventing external heat or cold from affecting the animal temperature. The cutaneous appendices of animals likewise exclude moisture (from being oiled), either by unctuous fluids exuding through the skin, or from their being applied to it by the voluntary act of the animal. Nature has given to birds in common, and particularly to those which are aquatic, oil bags for this purpose, which are nothing more than conglomerate cryptæ of the skin secreting an unctuous fluid, and opening externally by a common duct. In other instances, the cutaneous appendices are merely weapons of defence.

Such are the principal component parts of the skin ; and in reviewing for a moment the numerous functions of which it is the seat, we shall see how important an organ this is in the economy. It is the protecting investment of all the subjacent organs, being the only mode of defence which some animals possess; it likewise gives form and beauty to the various parts of the body. It limits the extent of the animal in space; and to the consideration of this property of the dermis, in which alone it is seated, Dr. Blainville has devoted a whole chapter, in his "Principes d'Anatomie Comparée." The chorion of dernia, then, is the defensitive portion of the integument, and is the base of all the rest, as the bulbs of the hairs, and vascular and nervous capillaries, are in it most abundant. Its vitality is more exalted than that of any other part of the economy. The papillary body covering the cutis is the seat of tact or touch; the rete mucosum the residence of the infinite varieties of color; and the epidermis deadens the irritation produced by the contact of foreign bodies, which, without its presence, would be carried to such an extent as to produce pain, were those bodies applied directly to the denuded extremities of the papillæ. Besides these properties, the cutaneous investment is the seat of absorption and excretion, and accessary organ of respiration, throwing off a certain proportion of carbon, and taking up a proportionate quantity of oxygen. Thus the skin transpires and absorbs; is the protecting investment of the body; is the seat of touch and color. It is through the external integuments, and their continuation (the mucous membranes), that every substance must pass into, or out from, the internal organization of the body. There is scarcely a point of its surface unprovided with the extremity of a nerve, an artery, a vein, an exhaling and an absorbent vessel.

---

* Cours de Physiologie Générale et Comparée, par Hollard.

II.

ON LITHOPLATOMY.

By M. S. Buchanan, M.D., &c.*

Case I.—Mrs. Grant, aged 50, of full habit of body and lax fibre. Has been subject, for many years, to calculous complaints, but, till lately, would never submit to examination. On the 29th of July last, was admitted, under my care, into the Royal Infirmary, and calculi of various sizes with ease detected lying at the neck of the bladder. In addition to the usual symptoms attendant on this painful disease, she had the most complete incontinence of urine I ever saw, the bladder having become much contracted, its coats thickened and constantly discharging white ropy mucus from its internal surface. Extensive excoriation of lymphæ, labia, nates, and thighs, was the consequence, and considerable paralysis of inferior extremities had of late rendered her a most pitiable object. Immediately on admission, I ordered her bowels to be well opened, anodyne injections to be administered, and the warm bath to be used; and on the 3d day of August, with consent of consultation, I dilated the urethra with Weiss' instrument, and extracted, with the aid of a small pair of forceps, three stones, two of them about the size of filberts, and the third about the size of a walnut. She experienced little pain during the process of dilatation, which occupied about seven minutes. The incontinence of urine, and consequent excoriation of nates, &c., in a short time disappeared; and when she left the house, about three weeks after the operation, she could walk from one end of the ward to the other without assistance, her general health having at the same time greatly improved.

---

* Abbreviated from the Glasgow Med. Journal.

Case II.—Robert Brock, a gentleman's servant, was admitted, under my care, into the Infirmary, on the 11th of August last. At that time a stone could be felt in the urethra, a little anterior to the bulb. It had advanced thus far about a fortnight previous to admission, and from its position now caused excruciating pain. He stated, that from his infancy he had labored under symptoms unequivocally indicating stone in the bladder, but till lately would not consent to be sounded. This operation was repeated with great care by several surgeons in this city, some months previous to admission, without any stone having been detected; and various means were also adopted, the fortnight prior to the 11th instant, to get the stone dislodged from its situation in the urethra, by the introduction of catheters and bougies of the largest size, to the spot where it seemed sacculated; and also by the trial of various kinds of urethral forceps, assisted by the warm bath, &c., but all to no purpose. The gentlemen who met in consultation on his admission, were so convinced that no further trials of the above kind would succeed, that he was immediately placed on the operating-table, secured as for lithotomy, a grooved staff introduced as far as the stone, and with one stroke of the knife the urethra was incised to the proper extent, and the stone extracted. The operation was the affair of a moment, and was so free of pain that the patient seemed astonished at having handed to him the cause of all his misery. The stone measured two inches and eight lines in its largest circumference, and one inch and ten lines in its smallest; it was convex on its one side, and flat on the opposite, with a small nodule in the centre of this last, indicating that it was the smaller segment merely of a larger stone, which must still be in the bladder. This was made more evident, not only from the very sharp edge of the flat surface above described (which had very much the appearance of having been recently broken), but also from the concentric layers of lithic acid, which were observed when sawn through its largest diameter by the lathe. On the 14th, the wound in the perineum was completely healed, and no symptoms of calculus remained. He has been frequently sounded since, without any stone having been discovered, and, in consequence of feeling in every respect well, he was dismissed cured.

Query 1st. Is there any instance on record in which a stone of such dimensions was passed thus far into the urethra from the bladder?

2d. In what manner shall we account for the section or fracture of this stone in the bladder, no instrument having at any time detected it till its exit from this viscus?

3d. Why is the alleged remaining half unable to be discovered by the most careful sounding, as the first was, previously to its escape from the urethra?

But if, notwithstanding all that has been advanced, it is denied that the male urethra is capable of dilatation in the manner suggested, another method remains to be discussed, of more importance by far than any to which I have hitherto adverted, and to which I am inclined more particularly to apply the term lithoplatomy.

The operation I allude to is that by which the male urethra is converted into a female one, and thus the difficulty and danger of both lithotomy and lithotrity is at one step superseded by lithoplatomy.

For the purpose of effecting the first part of this operation, the patient must be secured as for lithotomy; a grooved staff is introduced into the bladder; the membranous part of the urethra near the prostate incised, to the necessary extent, to admit the lithoplatome; and then, having withdrawn the staff, the operation of dilatation of the remaining part of the urethra, prostate, and neck of the bladder, will be, with nearly the same ease, safety, and effect, accomplished, by means of my lithoplatome, as in the female.

That there are many objections to the above method of operating for stone, I must at once admit; and until I can give it a fair trial on the living subject, I shall not contrast it either with lithotomy or lithotrity,—judging, however, from what I have already experienced in the female urethra, and, on the dead subject, in the male, I am not the least afraid of the result. I shall only add further, that if the operation of lithoplatomy does come up to my expectations, and that of many judicious and talented surgeons here, to whom I have mentioned it, how much will suffering humanity be relieved, and the labors of the surgeon facilitated.

But lest it should be said that the operation of lithoplatomy which I have above described, and so strongly recommended, is nothing more than the apparatus major, the Marian method, that of Le Cat, Le Dran, or Pajola, let any one take a glance at these methods of operating, and the difference must at once strike him. It would extend this communication too much to enter at large on this interesting subject, which, at some future opportunity, I intend to resume; but I must be allowed to say, that, in investigating the writings of a vast number of lithotomists, both ancient and modern, I can find nothing which, in the smallest degree, approaches to the operation I have above described. It is the principle, I once more repeat, of *slow* and *continued dilatation*, by the *instrument* which I have recommended, applied to the *whole*, or a *small part*, of the *male urethra*, for the extraction of calculi, which alone constitutes my improvement of this part of surgery.

In stricture of the urethra, could a very slender lithoplatome, introduced through the constriction, not be made to overcome this more safely and more speedily than either the simple or armed bougie, or conical sound? If the instrument cannot be passed through the spasmodic, or organic contraction of this canal, could it not, by its introduction as far as the stricture, and kept steadily in its place, be made, by gentle dilatation, to overcome this disease? or at least allow of armed bougies, or sounds, being more safely made to act in accomplishing their object?

III.

MR. HALSTED AND HIS CURE FOR DYSPEPSIA.

To the Editor of the Boston Med. and Surg. Journal.

Sir,—Like most things in this imperfect world of ours, Mr. Halsted's book seems to be of chequered complexion, good, bad, and indifferent. Which of these three qualities predominates, will be best determined after a little examination.

Mr. H. assigns two causes of dyspepsia, the one existing within the stomach, the other external to it. The first is a torpor or relaxation of the fibres of the organ, by which it is rendered incapable of performing its proper function of contracting on the food. The second is an undue rigidity of the abdominal muscles, which press on the bowels, and interrupt their peristaltic action, causing, at the same time, constricted thorax, and, consequently, impeded respiration. It is on the indications suggested by these two causes that his plan of treatment is founded. The first of these indications is to apply relaxants to the abdomen, in order to relieve the spasm of the muscles; and the second is to employ other mechanical means, having for their object to increase the sensibility of the gastric surface, and thus to enable it to act on the ingesta in a proper manner.

Now I should differ from Mr. H. in the main points of his theory, and think that the success of his practice, which I am willing to admit, can be better explained by a different view of the subject. In the first place, I cannot admit that a spastic state of the abdominal muscles is the usual proximate cause of dyspepsia; and this for the plain reason, that the remote causes of this disease, which are too familiar to be enumerated, are not such as are calculated to produce such an effect on these muscles. What, I would ask, have the ordinary causes of indigestion to do with the abdominal muscles, more than with the muscles of the back or the extremities? Certainly nothing; and therefore, unless careful observation has shown that dyspepsia is usually preceded by the symptom in question, distinctly marked, we are not authorized to set it down as a cause. That it is so preceded, we have, indeed, Mr. Halsted's authority for believing; but till this shall be confirmed by some corroborative testimony, we seem to be hardly justified in admitting it as a settled principle, however sincere may be the conviction of Mr. H. himself. It is also to be remarked, that if the relation of these occurrences as cause and effect were as permanent as he considers it, it would happen that, in those diseases in which spasm of the voluntary muscles is an essential symptom—such especially as tetanus, in which very violent contractions of the abdominal muscles take place—gastric irritation would be a uniform concomitant; but it does not appear that this is the fact. Again, it is not true that the constipated state of the bowels alluded to by Mr. H. is accounted for by a reference to this cause, and the dyspnœa, which might fairly result from it, is, unfortunately, not a common symptom of the disease.

Secondly, I cannot agree to Mr. Halsted's opinion, that a deficient sensibility of the stomach is a common or even a frequent cause of the disease in question; the position, if not false, is at least too sweeping and general. There is no doubt that the food is the natural stimulus of the stomach, by the presence of which its muscular fibres are excited to contraction; and there is reason to believe that when the organ has been unduly stimulated by the frequent introduction of excessive quantities or improper articles of diet, a state of atony may succeed, in which it may refuse to act on its contents unless the wonted stimulus be furnished. Such a state of stomach is admitted as possible by all who have written on this subject; and, when it exists, should be met by appropriate remedies. In this state, it is probable that the organ is less sensible to the external touch. There are, however, circumstances which show that this state of the stomach is not always that which gives rise to dyspeptic symptoms. In fact, any cause which produces gastritis or inflammation of the stomach, more or less acute, must necessarily impair the function of the parts. Now there are many cases in which this subacute gastritis appears to be present, producing the dyspeptic affection. The remote causes of this species of the disease are numerous, and many of them common to it with the other; among those which are peculiar may be mentioned external pressure, which frequently produces the disease in females. Now in this species, the sensibility, instead of being diminished, is uniformly increased—so that often the slightest pressure on the external surface gives excessive pain. In these cases, any treatment which had for its object to increase the gastric sensibility could not fail of doing harm.

It will however appear, on examining Mr. H.'s practice, based as it is on the views above alluded to, that what we have regarded as the errors of this theory, must, in practice, tend to neutralize each other, and thus, like two negatives in algebra, to produce a positive result. In truth, the very treatment which he recommends for removing the spastic state of the muscles—namely, the external use of cataplasms and fomentations—is exactly that which has been found most useful in the various forms of gastritis; and his great principle that this tenseness must be removed before any other applications can be made, amounts practically to this—that the gastritis must be cured before stimulants can be admissible; which we hold to be undeniable. As respects his mode of stimulating or giving tone to the stomach—namely, by pressing up the abdominal contents against the fundus of this organ—the idea is certainly ingenious, and the process well worth a fair experiment in impartial hands; although, notwithstanding Mr. H.'s care to distinguish the process he employs from rubbing, kneading, and shampooing, it is not so obvious that the effects thus produced may not depend on a similar principle, and that the exercise of muscle given to the patient when operated on, and that which he is forced to take when repeating the process on himself, may not have a share in bringing about these marvellous results. Mr. H., however, has now dealt fairly by the public, as well as the profession, in boldly stating his belief and his practice. He deserves, at least, in return, an impartial hearing, and that the merits of his remedy be put to the test of fair and candid experiment.

Yours, &c. MEDICUS.

MEDICAL JOURNAL.

BOSTON, FEBRUARY 22, 1831.

DEATH OF DR. WELSH.

It becomes our melancholy duty to record today, the death of Dr. Thomas Welsh, the father of the Boston

Faculty. Dr. W. was an active Surgeon in the American army during the revolutionary war, and, in this capacity, ministered to the wants of the wounded in the battles of Lexington and Bunker Hill. He subsequently enjoyed an extensive practice in this town; was attached to the U. S. Marine Hospital at Charlestown; and, more recently, performed, with fidelity and success, the arduous duties of Quarantine Physician to this port. As one of the Consulting Physicians to the Hospital, to the City and the Medical Dispensary, as a Counsellor of the Massachusetts Medical Society, as a member of the Faculty, as a physician and as a friend, he discharged ably his several duties, and was greatly respected, during a course of multiplied years. In each of these relations his loss will be deeply felt, now that he has relinquished them all for another and a greater, at the advanced age of four score years.

EFFECT OF COLD ON THE ANIMAL ECONOMY.

We know of no subject which presents more interest, at the present season, than the influence on the state of the human system, fairly attributable to the direct action of cold. The temperature during the last six weeks has, we believe, been constantly, or with a rare exception, below the freezing point of Fahrenheit's thermometer, and in the course of every day, during that time, the mercury has been ten degrees below that point. The extreme of cold has not perhaps been quite so great as in former seasons; but such a steady continuance of cold weather has, of late years, been unusual, and we hear it generally acknowledged a severe winter. It will not, then, we trust, be thought useless or ill-timed, if we offer some general considerations to our readers on the physical effects of an agent, the sensible qualities of which we have so amply tested.

Setting aside the question whether cold is a positive or negative quality, which is hardly more than a dispute about words, we find the great point in controversy respecting it to be, whether its direct effect on the system be stimulant or sedative—whether it tend to render the vital powers more active, or to impede their operation. The authority of great names might be adduced for both these opinions; and, as it happens with most of these controverted points, neither can be admitted without considerable qualification. It seems probable that whenever the degree of cold is such as to produce pain, it acts as a sedative on most of the animal functions — diminishing the cutaneous transpiration, rendering the circulation more feeble, impeding respiration, and impairing the digestive process. The maximum temperature at which this effect can occur, it is almost impossible to determine, since it varies with the constitution, the degree of health, and the previous circumstances, of each individual. It may be, and often is, produced, when the mercury stands at 40, 50, 60, or even 70 deg. of Fahr., if the circumstances are such as to render the body peculiarly susceptible. To persons in good health, and tolerably clothed, the cold is scarcely sensible as an evil, provided the air be dry above 45 deg. Fahr. From this, down to 20 deg., we have a range of moderate cold, to the influence of which an individual being subjected, in the open air, without exercise, and without extraordinary covering, will experience various grades of suffering, from slight inconvenience to severe pain; and it is within these limits that we conceive cold to be capable of acting as a sedative, when not resisted. That it is resisted and its injurious effects overcome within these limits, our daily observation and experience are convincing us; since, at the higher temperatures included within them, it requires only moderate exercise in the open air to quicken the circulation, to produce a free action on the skin, and to render the cold a source of delightful sensation. At the lower grades mentioned, this effect is attained with more difficulty, and only by more active exercise or increased clothing. Throughout all this range of temperature, a comfortable warmth is easily maintained in our apartments, without double windows, air-tight doors, Lehigh grates, or Russian stoves: the hovels of the poor, provided they have fuel, are about as comfortable as the parlors of the rich; the simple precautions of shutting the doors and mending the broken panes, being quite sufficient to secure them from the external air. Below this point, or from 20 deg. to 0, which with us is virtually a maximum of cold, the inconveniences arising from this cause become more serious. The poor pass shivering through the streets, in insufficient or ill-adjusted garments, while the rich are scarce protected, while walking, by their cloaks and overalls. The former hang, half warmed, over their ample fireplaces; while the latter find, in various forms, the evils of parting with 60 deg. of caloric, in passing from their apartments into the external air. A sense of stricture and difficulty of breathing are experienced on going into the external air, and equally unpleasant sensations are felt when the change is reversed. The extremities, exposed for a few moments to the air, are affected with a painful sensation, are soon benumbed, and, without protection, frozen. The head, in many persons, suffers from the same cause; and exposure, for any length of time, to the cold, produces severe pain in that part. Even to these degrees of cold, however, judicious clothing and exercise, whether singly or combined, will maintain, for a considerable period, an effectual resistance. The limit of preservative power in the former, however, seems much more narrow than that in the latter. The drivers of stage coaches, notwithstanding every precaution in respect to clothing, are often frozen on their seats; while, in the same temperature, we see our sawyers in the streets plying their hardy occupation, with a single thickness of flannel, and another of cotton, to protect the back and chest from the chilling atmosphere.

We have briefly adverted to the more familiar effects of cold, because we think that they go to illustrate the general doctrine above stated—

namely, that the influence of this agent is of a sedative character, or opposed to the activity of the vital functions. In virtue of this character, severe cold checks the perspiration, renders the circulation more feeble, impedes digestion, constipates the bowels, and disposes to torpor and sleep. By this view of its effects, seems to be explained the apparent anomaly, that severe cold, though a cause of death, is not an active agent in the production of disease. While the bills of mortality tell of the aged, of infants, of the paralytic, and those affected with chronic disease, being suddenly swept away in these severe periods, we may remain almost exempt from inflammatory disease, and hear on all sides the expression of surprise that so severe a season should be so healthy. In truth, the inactivity which results from the temperature, is displayed in morbid as well as in healthy operations. Even pulmonary complaints, which the season would more particularly lead us to expect, are of rarer occurrence in the severest weather, than when the temperature has begun to soften. On the other hand, the diseases which are overtaken by severe cold are uniformly rendered more tedious. Fever becomes typhous; accidents lead to protracted confinement; and slight injuries, which, in mild weather, would be wholly unimportant, are found, under these circumstances, both obstinate and troublesome.

It has been also remarked, that, after a long-continued period of cold, fever will assume an intermittent type, and imitate perfectly the tertians and quartans arising from marsh miasmata; thus showing how, under the operation of causes precisely opposite, the system may be affected in the same manner. This remarkable observation was made by M. Foderé, during the severe winter of 1829—1830 in Strasburg. For one month, during this season, the temperature ranged from 0 to —15 deg. Fahr.; although it appears, from M. F.'s statement, that the season is not usually colder than with us. The effect of this intense cold on sickness and mortality, was very similar to that above stated. In a population about equal to our own, the month of January, 1830, presented a mortality of 222; while, in the same month of the year preceding, the number of deaths was 167. Yet disease of inflammatory character was rare; very little of true pneumonia was developed, and scarce a cough was heard. The power of the cold, however, was fatally manifested, in repeated instances, in the production of asphyxia, with which several individuals were seized on going into the air. In one of these cases, which occurred without any evidence of previous intoxication, the only morbid appearances detected after death were unusual redness of the mucous surface of the stomach, and injection of the capillaries with dark-colored fluid blood. It is also mentioned that, in the military hospital, a window having been left open near an individual recovering from a wound, so that the cold air came in contact with the granulations, severe tetanus was the consequence of the exposure.

The cold with us is not often intense enough to produce similar results; but the direct effects of our severest weather are sufficiently striking, and well deserve the attention of the philosopher and pathologist.

TREATMENT OF SCARLATINA.

In a clinical lecture recently given at St. Thomas's Hospital, London, by Dr. Elliotson, that gentleman extols, in high terms, the use of cold and tepid ablution in scarlatina. He prefers ablution to affusion, for the simple reason that it is equally efficacious and less troublesome; and his preference of the cold or warm water, is governed by the feelings and preference of the patient. Dr. E. remarks that he has *always* used the ablution, in this disease, where the heat has been permanently above 98, or even where the patient has said he felt hot, and the skin was dry; and that he *never* yet lost a single case.

It is a notion of some French physicians, that the local or general dropsies which often succeed recovery from scarlatina, are the result of the external use of cold water in its treatment. This may doubtless be the case where such remedy has been adopted at improper times, and applied without judgment and caution. But the free and frequent daily use of cold ablution, where the skin is preternaturally hot and dry, is unquestionably a perfectly safe and extremely effectual agent in the cure of scarlet fever: the immediate relief and comfort it gives the patient, is almost indescribable; and there is no more reason to suppose that its remote consequences are injurious, than that those frequent sequelæ of this disease are owing to the purgatives or venesections which are in the course of almost every physician's practice, in this and every other febrile complaint. They are certainly not oftener met with of late years, than they were previous to the publication of Dr. Currie's work, although the external application of cold was extremely rare, in this disease, before its benefits were unfolded and directions for its use given by that distinguished author.

"Abstinence from food," adds Dr. Elliotson, "is of the greatest importance: in this disease, you should give nothing but tea, barley water, and similar diluents. Bleeding generally, but particularly locally, from the head, throat, chest, or abdomen, is sometimes required. When the throat is affected, you will find that one of the most useful applications is the chloride of soda or lime. This was used, in this instance, around the bed; but you will find it one of the most serviceable gargles that you can employ. You must remember, however, that children cannot gargle the throat, and sometimes adults are in such a state that gargling is out of the question; and you must then apply it by means of a syringe, squirting it all over the mouth and fauces. This should be done every hour or two. The solution should be diluted, so as not to produce pain; and I have continually employed it now for the last two or three years, and certainly with the most beneficial effect. It comforts the patient; it causes the ulcerations to assume a healthy appearance, and throws off the sloughs. It is of great use, also, to employ the chloride of soda or lime about the bed; but the latter is generally used for these external purposes. It would appear that the chlorides of lime and soda have a tendency to destroy contagion; and, on this account, I sprinkle it upon the bed-clothes, have it thrown upon the removed linen, and place it in saucers around the bed, and introduce it into the vessels which are used by the patient for the purposes of nature. Were it only to lessen fetor, its use in every sick room, in the latter mode, is a great comfort. I adopted the practice in this case, because I know that this is an infection which is particularly apt to spread, and so many children are always in the hospital. I recollect the circumstance of a patient being admitted into a ward with scarlet fever; and children and young men in that ward, for nearly two years afterwards, were continually seized with scarlet fever, notwithstanding the hospital is thoroughly whitewashed and cleansed once a year.

" Where malignant symptoms come on, it may be necessary to use the treatment that is adopted for typhous fever, remarking, however, that it is frequently necessary to apply leeches in this form of the disease, on account of local internal inflammation. There is, however, another thing to be remembered in connexion with this affection—that, after it has gone through its stages, the patient is very liable to dropsy. It is a singular circumstance, but one well established, that, after scarlet fever, children are apt to become anasarcous—nay, sometimes more than anasarcous—to have effusion into the head, chest, or abdomen. I believe this occurrence takes place much more frequently in winter and cold damp weather, than at any other time. Hence, allow me to repeat, that however proper cold affusions, or cold ablution, may be, when the temperature is above the natural standard—yet, when the heat is not above the natural point, and after the disease is over, there would be the greatest danger, no less than perfect inutility, in their application."

We have understood that this disease is peculiarly rife, and fatal, in Bristol and Essex Counties, and some other parts of this State. Will not some of the profession, who have witnessed its ravages, enlighten us respecting the peculiar form it has assumed, and the apparent circumstances in the disease which lead so rapidly to a fatal termination.

Camphor.—Libri has mentioned a curious circumstance regarding odoriferous bodies, such as camphor; that if they be exposed to a current of electricity for a considerable time, their smell diminishes, and at last disappears entirely. After a lapse of time, camphor again recovers the power of emitting odors.

Edinb. Journ. of Science.

Economic Lighting. — At the Tulloch bleachfield, a young man, named A. Reed, has constructed an apparatus, by which he is enabled to procure from the wood, which they are in the practice of burning, in order to obtain acetic acid, gas sufficient to light the whole premises. By this ingenious device, a most important saving is effected—since no more wood is necessary for both the gas and the acid, than was formerly used for the acid alone.

Quackery.—Another bill for manslaughter has been found, in England, against the famous St. John Long.

Whole number of deaths in Boston the week ending Feb. 11th, 25. Males, 16—Females, 9. Of consumption, 8; inflammation in bowels, 1; lung fever, 3; dropsy in brain, 3; intemperance, 1; rupture of gall-bladder, 1; palsy, 1; unknown, 3; old age, 2; spasms, 1; suicide, 1.

ADVERTISEMENTS.

COPARTNERSHIP NOTICE. The subscribers have formed a connexion in business as CHEMISTS, DRUGGISTS & APOTHECARIES, at Apothecaries' Hall, No 188 Washington Street, opposite Marlboro' Hotel, under the firm of JARVIS & PEIRSON.

NATHAN JARVIS.
GEORGE W. PEIRSON.

EUROPEAN LEECHES.

J. & P. have a few fine European Leeches—to the application of which, when directed by Physicians, they will attend without any additional charge.
Feb. 8.

NEW MEDICAL BOOKS. This day received by CARTER, HENDEE & BABCOCK—Treatise on Surgical Anatomy. By ABRAHAM COLLES, one of the Professors of Anatomy and Surgery in the Royal College of Surgeons in Ireland, &c. &c. 2d Am.Ed., with notes, by J. P. Hopkinson, M.D.

Manual of Pathology, containing the Symptoms, Diagnosis and Morbid Characters of Diseases, together with an Exposition of the different Methods of Examination applicable to Affections of the Head, Chest and Abdomen. By L. MARTINET, D.M.P. Translated, with notes and additions, by JONAS QUAIN, A.B.

Pathological and Practical Researches on Diseases of the Brain and the Spinal Cord. By JOHN ABERCROMBIE, M.D. Feb. 8.

WILLIAMS ON DISEASES OF THE CHEST. This day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By CHARLES J. B. WILLIAMS. Dec. 6.

BECLARD'S GENERAL ANATOMY. CARTER, HENDEE & BABCOCK have this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. BECLARD, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By OLIVIER, M.D. Translated from the French, with Notes. By JOSEPH TOGNO, M.D., Member of the Philadelphia Medical Society. Dec. 28.

SURGICAL INSTRUMENTS AND CHEMICALS. Students in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston. Oct. 15. ep3m

GERMAN LEECHES. RICHARD A. NEWELL, Druggist, Summer Street, respectfully informs the Physicians and Public generally, that he has just received a fresh supply of the above-named *Leeches*, which will be sold at a *fair* price.

N. B.—Leeches sent to any part of the city, and applied, without extra charge, by day or by night. 6w—Nov. 8.

ABERCROMBIE ON DISEASES OF THE STOMACH. Just received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland. Sept. 28.

SURGEON DENTIST'S MANUAL. Just received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons. Nov. 2.

Published weekly, by JOHN COTTON, at 184 Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid.*—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if paid within the year. The postage for this is the same as for common newspapers.

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, MARCH 1, 1831. [NO. 3.

I.

LONGITUDINAL SECTION OF THE LOWER JAW FOR THE REMOVAL OF A TUMOR.*

By J. Rhea Barton, M.D., one of the Surgeons of the Pennsylvania Hospital, and of the Philadelphia Almshouse Infirmary.

The records of medicine of this country, as well as of Europe, have already afforded so many examples of the successful removal of large portions of the lower jaw, in cases where the bone had been involved in disease, as to justify and establish the practice in desperate cases, and to require that the operation should henceforth be ranked amongst those in regular surgery.

If the case about to be detailed afforded only an additional evidence of the feasibility and success of the common operation, an apology might be deemed necessary for encumbering the journal with superfluous matter; but as there is some novelty in the mode of operating, a short account will be given to illustrate it.

On the 28th of July, 1830, Isaac Duffield, a mulatto man, thirty years of age, from the State of Delaware, was admitted into the Pennsylvania Hospital, with a disease said to have originated in the gum, which had been injured by the pressure of the fulcrum of the key, used in the extraction of a molar tooth of the left side of the lower jaw, eighteen months previously.

It assumed the form of a tumor, involving the gums, alveolar processes, and part of the body of the bone, and gradually increased in size until it had taken entire possession of the mouth, forcing the tongue into the pharynx, and stretching the jaws widely apart. A large portion of the tumor also made room for itself by escaping from the cavity of the mouth, and rising upon the outside of the superior maxillary bone, thus producing great deformity by protruding the lips and left side of the face and neck. Where this loathsome mass presented itself at the mouth, it was in a state of ulceration.

The tumor was of a florid red color. It was dense, elastic, and lobulated, and in its structure partaking much of the character of the gums. From its surface were secreted large quantities of mucopurulent matter.

Upon introducing a spatula into the mouth, and putting the right cheek upon the stretch, the patient could force the tip of the tongue into view between the half arches and the side of the tumor.

As he had neither room for solid food, nor power to masticate it, his nutriment was taken in fluid form by a similar process of distending the cheek.

---

* Amer. Journ. of the Med. Sciences.

Epulis is the name assigned by writers to this species of tumor, which, though not malignant in its early stage, nor *essentially* so at any period, is said frequently to eventuate in a cancerous disease.

The peculiarity of the operation I am about to describe, consists in the *longitudinal* section of the bone, by which *a rim at the basis of the bone* was preserved to support the under lip and chin, thereby obviating the distortion of the face consequent to the usual mode of cutting out an entire piece of the bone by the perpendicular section.

Operation.—On the 4th of September, an incision was commenced over the left angle of the lower jaw, carried on a line with the under edge of the base, around to near the facial artery of the opposite side. This incision extended through the integuments and muscles of the cheek and lips, so as to open the cavity of the mouth. The under lip, towards the left commissure of the mouth, was cut through to meet the first incision at a right angle. The tumor was thus brought into view, exposing fully its connexion with the lower jaw, to the anterior and posterior surfaces of which it firmly adhered. The adhesions were detached from the anterior surface of the bone, as high from the base as it was sound. A section was then made with a saw, through the body of the bone, just below the maxillary canal, in a line parallel to the base of the jaw, and extended as far back as the roots of the last molar tooth, on the left side, and to the last but one on the right side. A perpendicular section was then made with a narrow-bladed saw, between the teeth through the alveolar process, until it met at right angles the first division of the bone. The portion thus insulated contained the diseased mass. The tumor was then elevated, and its connexions with the inner surface of the bone separated. It now came away entire, exposing the body of the bone in a healthy state, except at one point on the surface, which was readily taken off with the nippers.

No bloodvessels were taken up but the left facial and right coronary arteries, the hemorrhage from other points ceasing spontaneously. The flap was now replaced, and the sides of the incision carefully adjusted ; the lip closed with the hair lip pins, and the rest supported by interrupted sutures and adhesive plaster.

The patient did well ; the wound united by the first intention, and in a short time the parts within the mouth healed over the bone. The tongue regained its natural position. The distended and flaccid lips and cheek gradually contracted to their natural dimensions, but their collapse was prevented by the rim of the jaw which had been left. The contour of the face was thus preserved, and the patient recovered the power of masticating his food with the three remaining teeth, and their antagonists of the upper jaw.

On the 9th of October following, the man was discharged from the Hospital cured, and almost incredibly free from deformity.

II.

CASE OF AMNESIA.

By S. Henry Dickson, M.D., Prof. Institutes and Practice of Med. in the Med. Coll. of S. Carolina.

In May, 1829, I was requested to visit, in consultation, J. W——.

He is a man of short stature, ruddy face, full habit, about fifty-five years of age, cheerful, talkative, quick, impatient; has been engaged in mercantile business; lives freely, but not intemperately. Some weeks previously, having eaten a very hearty dinner, he was seized in the afternoon, while occupied at backgammon, with a degree of mental confusion, occasioning him to rise from the table hastily, and walk about with his hand on his forehead in silence, and with an air of entire absence. This abstraction increasing, soon amounted to a total insensibility of external objects. A physician being sent for, he was bled largely, and gradually recovered, in a partial degree, his faculties. His situation seems to be in many respects unusual, and his case presents some curious pathological phenomena. He retains his muscular strength in great measure unimpaired; there is indeed no more emaciation or debility than must of necessity follow from restrictions in diet and remedial depletion. His appetite is good, and his digestion for the most part easy and natural. His sleep is composed, and not morbidly profound. His memory, and more especially his power of recollection, are affected. He is at a loss for words, but not always, for he will occasionally pronounce a whole sentence without hesitation. He seems to have lost the convential connexion between *an idea* and *the word* denoting it. I infer this from the following circumstances:—He gives us to understand that he always remembers *the thing* aimed at, though he cannot express it. "I *know* a great many things—I cannot *speak* anything"—is a phrase often repeated by him. He reads much, but says he does not understand, nor does he, in reading aloud, utter the correct words with certainty. He was very fond, for a time, of copying. He wrote a good hand, and seldom failed to write the proper word, but declares that this also he did without understanding. The difficulty seems to be, in both these instances, that he is unable, from extreme deficiency of retentiveness, to remember the first part of a sentence long enough to connect it into meaning with the conclusion. Some words he always failed to recollect. He was fond of molasses, and used it frequently with water to quench his thirst; but he could never remember the word, nor could he be brought to utter it, or take it from another person by suggestion, however frequently and distinctly repeated. He carried the word written out fairly on a card in his pocket, and would make, from time to time, the most strenuous efforts to order his servant to hand him the article, but in vain. He was much chagrined at this. "Why," said he to me, "can I not speak that word? When my friends visit me, I can order for them wine, ale, porter, cider, brandy—but this I cannot speak."

He fancies, when he does not comprehend what is said to him, that he does not hear it, and complains much of this supposed defect. But that his hearing is perfect, is proved by a thousand instances of acuteness in this particular. He hears a distant sound, the ringing of a bell, the striking, and even the ticking of a clock, as well as any body about him.

He mistakes sometimes the names of his daughters, calls a day a week, drops a syllable, uses a word entirely inappropriate, or a set (though very rarely) of unconnected syllables, and becomes confused under a consciousness of his mistakes. This is apt to render him low-spirited; he is not uniformly so, however—he still loves a joke. While under a course of medicine, his wife, at dinner, happened to forget something which she wished to tell him;—rising hastily from the table, he ran off for a powder to give her "*to make her remember.*" This he told me afterwards with great glee.

It is further remarkable that his perception and recollection of numbers have always been clear, at least comparatively and notably so. He reads and speaks of numbers accurately. An advertisement being placed before him, "——'s Lottery Office," he could not read the name, though, as he exclaimed impatiently, "he knew the man well!" but the list of prizes ranged beneath the caption he could run through fluently. He would remind his friends of the precise dates at which notes in his possession were to become due, and make all the necessary preparations concerning them; and this at a time when he could not write his own name unless from a copy, nor with uniformity utter it when shown him written, nor remember it regularly when he wished. A date he could at any time make out, but not always the month referred to in words.

In the above detailed case, it is not easy to refer the various phenomena presented, each to its own proper cause and origin. The *perception* of objects seems to be irregularly defective—not, however, from any lesion of the external senses, but from something peculiar in the condition of the brain. The patient, however, is unwilling to allow any such defect of perception as is here supposed. He contends that "he cannot remember—he cannot speak what he does perceive and understand." The only exception which he is ready to acknowledge, is found in the sense of hearing, which he believes to be dull, but which is in reality abundantly acute. Shall we account for all the apparent *defect of memory* by this imperfect perception? The *less vivid* the impression made on the material organ of thought, the *less permanent* it will be, of course. How then shall we explain the difference between the various sets of objects presented to him? *Words* were most frequently forgotten or mistaken,—*numbers* almost always promptly comprehended and recollected. Is it because the idea of a number—the impression made by it on the brain—is more intense, more clear, more deeply stamped, than that of a word; as a figure of definite form, and bounded by lines and angles of mathematical precision, is more distinctly and easily remembered than an uncertain shape or a shadowy outline?—*Ib.*

III.

A CASE OF DIABETES INSIPIDUS.*

By John Darwall, M.D., Physician to the Birmingham Dispensary.

February 23, 1830.—Catharine Lakin, aged 36, complains of excessive thirst; a very considerable quantity of amber colored urine, equal to, as she thinks, if not more than, the quantity of fluid she drinks; skin dry and harsh; the cuticle everywhere peeling off in large flakes; no perspiration whatever, and always feels cold; very little appetite; countenance that of a person nearly fifty years of age; much emaciated; tongue furred and very rough, with red patches and streaks, posteriorly brown; anorexia; flatulence; clangor intestinorum; bowels relaxed; pain in the right hypochondrium increased by pressure; no prominence of the liver, but the pain extends along the situation of its edge, and is most intense as it approaches the pit of the stomach; catamenia regular as to time, but very pale; much leucorrhœa and prurigo vaginæ; occasional pain in the back, but not increased by pressure, neither in the situation of the kidneys nor elsewhere; some dyspnœa; very low spirited; has been married seventeen years, but has had no children; pulse 100, of moderate strength.

---

* Midland Med. and Surg. Reporter.

Has been ill for nearly a year and a half. The thirst came on first about that time, and she did not make much water till some months afterwards. The thirst was removed about September, 1828, and returned again last September.

She had, two years ago, a sore leg, having experienced much pain in the leg for six years before. It has not been healed for more than six months. The sore was open when the disorder began. Specific gravity of the urine, 1,004; color, pale amber. Passed between five and six quarts of urine between twelve o'clock yesterday and ten this morning.

26th.—Has made seven quarts of urine, and drank eight quarts of fluid within the last 23 hours. Has eaten three ounces of bread and five oysters. Has been purged five or six times, and passed much watery matter away. The evacuations were very offensive. Much clangor intestinorum. Not so much pain in the right hypochondrium.—Sulphur bath every other morning. Pulv. ipecacuanhæ comp. ℈ss. bis die.

March 2.—Perspired slightly the first day in the bath, but not at all the second. Bowels still open. Skin does not appear quite so harsh. Passed nine quarts of urine from nine o'clock yesterday till nine o'clock this morning, and drank about the same quantity. Tongue cleaner. Says she feels better, and is more cheerful; and has not so much pain in the side. Appetite no better: vomits when she attempts to eat meat.

March 5.—Skin scarcely so dry; tongue certainly improved; is not weakened by the bath; pulse 80; bowels open three or four times a day. Takes scarcely any solid food.—Cont. Balneum sulp. quotidie.

March 9.—Improving both in her appetite and her general feelings. Is purged much every day; much pain and griping with each evacuation.—Rep. balneum quotidie.

March 12.—Perspired in the bath a little yesterday, but not at all on the 10th. Appetite rather better; bowels moved only once or twice—still relaxed. Evacuations black and offensive. Pain rather severe along the edge of the liver. Other symptoms much the same. Pulse 80.—Applicentur hirudines xii. parti dolenti. Cont. pulveres.

The report from this time little varies in its purport. She gradually continued to improve in her strength and spirits and appetite till the 4th of May, when she ceased her attendance. Her urine and thirst however were little diminished.

August 15.—I have seen this

woman a day or two ago, and she has gained flesh, is stronger, and states herself to be in good health. She still, however, drinks above two quarts a day, and makes nearly an equal quantity of water. The skin also continues dry and harsh.

IV.

CASE OF PHLEGMONOUS ERYSIPELAS OF THE LEG.

February 18th, 1830.—Thomas Rivers, æt. 39; under the care of Mr. Pierpont. Was brought into the Worcester infirmary with phlegmonous erysipelas of the leg, accompanied with very extensive sloughing. Limb very much swollen. Complains of great thirst; bowels costive; tongue furred; pulse 76; countenance flushed and very much distressed; considerable fever; rest disturbed. Free and extensive incisions were made in the leg, and the limb rolled up in a barm poultice. Was put upon full diet. Hydr. subm. gr. v. and ol ricini ʒi. posteâ. Træ opii M. x. hh. s. Haust. effervescens 4tis horis s. træ opii M. vi.

Leg became better in a few days; fever abated. Was ordered to take ʒss. of Port wine every three hours, and to continue the effervescent draught without the laudanum.

He had occasional attacks of fever, accompanied with delirium; at which time leeches and blisters were applied, with cold applications. His leg became better; the sloughs came away, and healthy granulations appeared. He went on very well, and in April was discharged, cured, and since that time he has gained the entire use of his leg.—*Ib.*

V.

REMARKS ON THE USE OF EMETICS, AND SOME OF THE DISEASES IN WHICH THEY MAY BE ADMINISTERED.

For the Boston Medical and Surgical Journal.

Mr. Editor,—Emetics are commonly divided into those which affect the stomach alone, and those which affect the constitution. For practical purposes, this distinction is judicious; although nothing can affect the stomach, without being felt in other parts of the system.

When it is desirable quickly to relieve the stomach of its contents, as when oppressed by too full a meal, or containing substances which may be injurious to the system; or to cleanse it of unhealthy secretions and excite it to action, as in cases of dyspepsia, and sometimes in advanced stages of fever,—no medicine is to be preferred to sulphate of zinc. The sulphate of copper is sometimes used for the same purpose; but it has appeared to me not to be so quick in its operation, and sometimes more violent than the first named article, and consequently inadmissible when it is necessary to be sparing of the patient's strength.

The sulphate of copper acts with great power on the extreme vessels, operating as an astringent, and causing them to contract, when preternaturally dilated, and is consequently a very useful remedy in checking hemorrhages. As an illustration of the correctness of this principle, I will state some cases which have come under my observation.

An old man was suffering from profuse hemorrhage from the nose. When I first saw him, he had bled more or less freely every day for more than a week. Two physicians had previously seen him, and prescribed some local applications, which had produced a temporary suspension of the bleeding. He was at this time pale and much exhausted, so much so that I was apprehensive he would die, if not soon relieved ; for the blood from the nose was almost a stream, and the state of the bed-clothes and the utensils around him bore testimony to the large quantity he had lost. Finding local applications to be of no avail, I determined to give an emetic of sulphate of copper. The effect was remarkable. So soon as the patient became nauseated by the medicine, the bleeding stopped, and he had no more trouble from it. I have repeatedly directed the same medicine in cases of epistaxis, after local applications have failed, and in no instance have I been disappointed in its operation.

A man was suffering from severe hemoptysis. His cough was incessant, and had been so for many hours previous to my visiting him ; his expectoration consisted of fresh and florid blood alone. I immediately directed him an emetic of the sulphate of copper, in small and repeated doses. The effect was as striking as in the case of epistaxis. So soon as the patient was nauseated, the expectoration of blood was diminished ; and by the time vomiting was induced, it was entirely checked. This man, in a few weeks, died of phthisis ; but he had no more trouble from hemoptysis.

Hemorrhages from the uterus, when dependent upon a relaxed state of the vessels, can be often checked by the use of this medicine. Hence it has been found very efficacious in cases of profuse menstruation arising from this cause; and also in excessive flowing after delivery, when the common local applications have failed.

The sulphate of copper should always be given in solution. When prescribed with a view of checking hemorrhage, the dose should be from two to five grains, repeated every five minutes, in order that a nausea may be maintained for a time before free vomiting is induced. When the intention is to relieve the stomach, the dose should be from ten to twenty grains.

In thus speaking of the utility of sulphate of copper in cases of hemorrhage, I do not mean to underrate other remedies for the same affection. I am aware of the power of acetate of lead, and I do not know but that other emetics, besides the one above mentioned, may produce the same effects. I only speak of what I know that this article is capable of doing. It has the recommendation over most emetics, in producing but little debility ; and I have not been disposed to relinquish it for other articles with whose virtues I am less acquainted.

The efficacy of tartrite of antimony in breaking up diseased actions at their commencement, and its consequent utility in the early stages of fever and inflammation, is well understood. Its power in subduing excessive action, whether used as an emetic or an alterative, entitles it to a place among the most useful of antiphlogistic remedies. In using it as an emetic, most physicians combine it with ipecacuanha, regarding the action of the antimony alone as too violent. This is undoubtedly judicious as a general rule ; but in men of robust constitution, or in any case where it is desirable to produce a powerful impression, it is best to be given alone, in small and repeated doses.

The yellow subsulphate of mercury is entitled to be ranked with the last named article. It is a powerful medicine, and is much valued by those who have been in the habit of using it, as a remedy in croup and inflammation about the fauces. Whether its use can be extended, with benefit, to inflammations in other parts, experience has not yet determined. Its dose is from two to five grains.

There is no article of the materia medica so depressing to the vital powers as tobacco. It must consequently possess great efficacy in subduing inordinate morbid action; and it is said to have been used by some physicians, with great success, in the treatment of croup. The uncertainty and violence of its operation is such, however, that most practitioners have been deterred from its use, and have preferred the more safe, and perhaps equally efficacious remedies, which have been above mentioned.

Emetics in cases of obstinate constipation, is not, that I am aware of, a common practice. Dr. Hosack, of New York, in the 2d vol. of his Medical Essays, has published a highly interesting article on this subject. He relates eight cases of this affection, which were speedily relieved by the use of emetics. All of these patients had previously suffered from the same complaint, and had been relieved only by calomel carried to the point of salivation. The circumstance of the patients rejecting common cathartics, did not deter Dr. H. from the use of emetics. The article used was either tartarized antimony alone, or combined with ipecacuanha. The operation, in all these cases, was succeeded by copious bilious discharges from the bowels. The fifth case in this paper is the most striking, and, as the work may not be accessible to all your readers, I here give it.

"Miss ——, who is constitutionally inclined to a torpid state of the intestines, and is very liable to obstinate attacks of constipation, has been three times under my care in this disease. After directing in vain the various cathartics ordinarily prescribed, and all the usual forms of enemata, I at length directed the emetic before mentioned: it was followed by immediate relief, although the disease had been of several days' duration. Upon another occasion, I directed the emetic in the commencement of her complaint, with the same successful result. The same young lady, in a short time, experienced a return of the same disease, but attended with more severe pain than she had suffered upon any preceding occasion. Being confined to my bed, I requested an eminent physician to visit her. He found her bowels had been confined about seven days. After letting blood from the arm, he directed fomentations to be applied to the abdomen, and enemata, variously composed, to be administered, and castor oil, calomel and jalap, in succession; but all to no purpose. The purgative medicines were rejected by vomiting; the enemata were returned as they were administered, without containing the least portion of fecal matter. She earnestly solicited an emetic to be given her, urging that she had been relieved by this means in both of her former attacks. This was declined by the physician, who considered it to be hazardous to prescribe emetic medicines in a case of this nature. Recourse was had to calomel and opium. Salivation was the result, but without the relief by the bowels which usually follows this operation of mercury.

"Upon my recovery, I visited her. She still suffered severe returns of pain. Her mouth had been sore three or four days; but, notwithstanding the use of enemata, which had been frequently administered as fomentations to the bowels, when her pain was most severe, no alvine discharge whatever had taken place. Although fifteen days had elapsed since the commencement of her obstruction, I gave her an active emetic, viz., fifteen grains of ipecacuanha, and two of tartarized antimony, directing it to be repeated at the expiration of an hour, if necessary. The first operated very freely, discharging a large quantity of dark-colored bilious matter by vomiting, followed by similar copious evacuations by stool. In twenty-four hours, she was so entirely relieved that my attendance became almost unnecessary, except for the removal of the soreness of the mouth that remained from the mercury that had been prescribed."

A physician of this city relates the following case:—"A man who had suffered long and severely from an attack of colic, connected with a costive state of bowels, and to whom a great variety of remedies had been given, was suddenly relieved by the following:—Two scruples of tobacco, infused in a pint of water; to which was added one ounce of epsom salts: one half to be given at once—the other half in thirty minutes, if necessary."

The facts in this case are important, as they serve to confirm the practice recommended by Dr. Hosack for obstinate constipation, and at the same time offer a remedy for severe cases of another distressing disease. Whether any other emetic would answer as well as the tobacco, under exactly similar circumstances, is questionable; but from the success which attended the treatment of the cases of constipation above referred to, there is reason to believe that it would. Be this as it may, most practitioners would be slow in using so dangerous an agent, and would not resort to it except in extreme cases, after other less hazardous remedies had been tried. It is also questionable whether, in cases of obstinate constipation, any advantage would be derived from combining the emetic with a cathartic. If the opinion of Dr. Hosack be correct, there would not; for, according to him, the good effect of emetics, in these cases, depends chiefly upon their producing a free discharge of bile from the hepatic system into the intestines. There is also an objection to this combination, inasmuch as it would render the dose bulky; and consequently, when the stomach is irritable, there would be danger that the medicine would not be retained long enough to produce its specific operation. No objection, however, can be made to the joint use of enemata, as they will, when properly administered, be sufficient of themselves, in most instances, to remove the complaint. To effect this, they should be stimulant and very copious; of which a physician can never be sure, unless they are given by himself.

I shall close this paper with a few remarks on some of the difficulties attending the administration of an emetic. The first which I shall notice, is the difficulty of bringing an emetic to operate. This may arise either from the powers of the stomach being impaired, or more frequently from the existence of a violent action in some other part of the system; in accordance with a general principle, that an increased action in one part of the system, is attended with diminished power in other parts. The former state of the stomach is sometimes met with in habitual drunkards, although an opposite state more frequently occurs. In such cases, in addition to the emetic, benefit will be derived from giving some stimulant, such as ether, or alcohol, or ammonia. The other condition of the stomach to which I have referred, is often met with in children, and sometimes in adults, laboring under convulsions. It also sometimes occurs at the onset of violent inflammations of the lungs and air-passages, and in such cases is to be regarded as a bad symptom, especially if attended with a corresponding torpor of the cutaneous vessels, which renders them incapable of being acted upon by a blister. Every practitioner, no doubt, has found difficulty in exciting vomiting in children suffering from convulsions. In such cases, the intentions should be to excite the stomach, and overcome the inordinate action of the muscles. These intentions are commonly answered by giving a powerful emetic, and immersing the patient in a warm bath. But the question is, what is to be done when these remedies fail to produce the desired effect? Then, advantage may be derived from giving a few drops of aqua ammonia in some warm water; and, in extreme cases, resort should be had to bleeding, either with the lancet or leeches: the loss of a few ounces of blood, under such circumstances, will be attended with unequivocal advantage. The same difficulty in exciting vomiting, occurs on the attack of violent inflammations. Indeed, it not unfrequently occurs that affections of this sort, such as croup, inflammation of the lungs, &c., are ushered in with convulsions.* But, independent of convulsions, the difficulty referred to will sometimes occur. In such cases, should the emetic fail to operate, even should the practice not have been determined upon before, resort should be had at once to the warm bath and bleeding; which, in addition to their specific operation, will do much in promoting the action of vomiting.

Another difficulty attending the operation of an emetic, is the violence of its operation. Vomiting is sometimes attended with severe and spasmodical efforts of the muscles employed in this act; so much so, that not unfrequently we meet with patients who are very reluctant to taking an emetic.

This difficulty can be obviated, in most cases, by diffusing the emetic in a large quantity of warm water, or, what is better, an infusion of chamomile flowers or thoroughwort, and causing the patient to drink freely of the same during the continuance of the operation. Persons who have suffered much from emetics, are often surprised at the ease with which they vomit by observing this precaution—being ready to attribute the difference to some peculiar virtue in the article which they have taken.

---

* Convulsions may occur in children,—1st, from affections of the brain; 2d, from irritations of teething; 3d, from offending substances in the stomach and bowels; 4th, from sudden and violent attacks of inflammation. Teething may act either as a predisposing or exciting cause of convulsions. Children of irritable habits, either from constitutional causes, or rendered so by the process of dentition, are most liable to convulsions from the two last mentioned causes. In children of this description, a loaded stomach, croup, lung fever, hooping cough, measles, or any of the complaints to which childhood is liable, may induce convulsions.

In some cases where the action of the muscles is very distressing, it is well, in addition to the above precaution, to add 25 or 30 drops of laudanum. It is said the compound powder of carbonate of lime produces the same effects as laudanum, and can be administered where the latter medicine is inadmissible. In all the precautions to render the act of vomiting easy, care should be taken not to make it too much so; for on the violence of its operation often depend the good effects of the medicine.

Yours, &c. —— S.

MEDICAL JOURNAL.

BOSTON, MARCH 1, 1831.

HOMŒOPATHY.

When Demosthenes so eloquently charged upon his fickle countrymen, that, instead of making vigorous efforts to meet an invading enemy, they were congregating in the market place to hear some new thing, he gave a true as well as lively representation of one of the ruling passions of mankind. Men are all on the watch for something new. They seek it in the walks of business, in the haunts of amusement, in the retirement dignified by science and literature. No man is satisfied to have the same train of association awakened within him day after day, and week after week. His eye must be gratified with variety in the aspect of external objects—his ear saluted with new sounds—his mind filled with new ideas. Our judgment of men and of their works, is very considerably influenced by the operation of this passion. Little does it avail the claimant for the notice of the public, that he be wise or learned, unless he present some peculiarity of external appearance, manners, or sentiment, to attract the gaze of the multitude, or to gratify the cravings of a pampered mental appetite in those who would fain be considered of the better sort. The ancient philosopher understood this well, when he delivered his invectives on human nature from the interior of a tub. His words might in vain have been replete with wisdom; in vain might he have uttered sentiments redolent of inspiration; if he had not trusted more to his house than his head, he would, as Sterne says of Corporal Trim, " have made nothing of it at all." The legitimate descendants of Diogenes may be found in modern times, and in our own profession. They are known by a heavy-top cane, or a vilely-cut garment; possibly one who would court the lowest populace, may array himself in the gewgaws of an Aboriginal savage. But these are at best but a vulgar species of attraction, since they address those senses which all possess in common; and what the vulgar admire, the refined will be apt to despise. The avenue to medical eminence, in these days, is not so much strangeness in appearance, as novelty in opinion and doctrine; and this has the evident advantage over the other, that while it obtains for the practitioner success at home, it may, through the potent influence of medical publications, spread his fame through every quarter of the civilized community. As might naturally be expected, therefore, paradox is no uncommon resort for aspirants to medical fame. A man has only to be known by some sentiment or rule of practice wholly at variance with that of the rest of mankind, and such as subjects him to condemnation from every quarter, and he will scarce fail of acquiring a reputation. In an affair, however, where everything depends on a powerful and sudden effect, it is not sufficient to deviate in a small degree from public opinion. Common sense must be attacked in good earnest, or it will most certainly repel the invasion. The complaint which Goldsmith makes in the person of one of his characters, "that the world said nothing to his paradoxes," expresses the fate of many aspirants for this kind of renown, who, by fearing to commit themselves too much, fail to produce any impression. The paradox must be a bold one. It must also be portable, such as can be put in few words, and in a convenient form for transportation, well fitted "hominum volitare per ora." Provided it have these requisites, other circumstances in regard to it are of less moment. It may be of negative import—as that calomel is of no efficacy in disease; or positive—as that all diseases whatever may be cured by blue pill. It may either be particular, and relate to a new mode of curing dyspepsia; or general enough to occupy the entire ground of medical practice.

It might, however, be supposed that the adoption of such sweeping theories, however well calculated to excite admiration, would be attended, in practice, with some inconvenience; since the theorist must either abandon his principle, and thus subject it to suspicion, or, by rigid adherence to it, expose the lives of his patients to some hazard. In fact, however, the means of escaping this difficulty are sufficiently simple. Provided the practice avowed be not in its nature a violent one, the different degrees in which it should be employed leave a wide field for discretion; and if it be simply rendered inefficacious, and a judicious general treatment in regard to diet and regimen be conjoined with it, the practitioner, with nature on his side, will most likely be able to combat the disease. There is this fortunate circumstance in the practice of our profession—that good judgment in general treatment will most generally counterbalance a single absurd notion, even though the practitioner be persuaded of its truth; and although he who begins by deceiving others, will too often end by deceiving himself, yet if the error be atoned for by some sagacity in the detection of disease, and a knowledge of the general laws of the animal economy, its practical operation will be materially diminished.

These remarks have in part suggested themselves to us, on reading an account of one of the new doctrines of the present day, the title of which we have prefixed to this article. It occurs in the last number of the American Journal, as a notice of the fourth and last edition of M. Hahnemann's exposition of his theory. As the work itself has not been translated, we are indebted to the reviewer for the fullest statement we have yet seen of this singular doctrine; and we rise from its perusal with impressions, in regard to the author, considerably more favorable than we have heretofore entertained. The leading idea of the doctrine, namely, that similia similibus curantur, or that diseases are cured by those remedies which produce the same symptoms, appears, in its obvious sense, to be utterly absurd; nor do the arguments and facts adduced in its support tend to diminish this absurdity in any degree. These facts, as quoted by the reviewer from the work itself, relate to the good effect, in certain diseases, of stimulant articles, capable of producing, in health, a morbid influence on the same organ or tissue. Among these may be mentioned the effect of rhus radicans and of dulcamara in cutaneous disease; of stramonium, belladonna, hyosciamus, and nux vomica, in convulsion; and of cantharides in paralysis vesicæ. Now admitting that the good effect of these remedies in the cases alleged is unequivocal, a fact which we are not disposed to deny, it should also be shown, by the homœopathist, that the symptoms they produce in the healthy system are precisely those of the diseases they cure. If this be not shown, we are still at liberty to refer their sanative influence to a counter-irritation, rather than to the principle in question: if it be shown to be the fact, this absurd consequence will follow—that the morbid effects produced by these poisons may at any time be controlled, provided we resort to the simple expedient of continuing their administration; that they form, in fact, their own sure antidote; and that the unhappy individual who has fallen a victim to their power, need only to have taken an additional dose to have been secure from danger,—a conclusion well worthy of Dr. Sangrado himself. In truth, the principle, as stated, amounts so nearly to a contradiction in terms, that we see not how any facts could be framed which would meet the exigencies of the case.

There is, however, as our readers are aware, another principle adopted by the homœopathist—the effect of which, in practice, is exactly to neutralize the mischief which might follow from the adoption of the first. This principle, stated in general terms, is, that the organization is much more readily affected by the natural than by the artificial disease, and, consequently, that a very small quantity of medicine is sufficient to excite that degree of action which is requisite to supplant the primary affection. In virtue of this saving clause, the doses of medicines actually given are reduced to the hundredth, thousandth and seven millionth part of a grain or drop; to quantities in fact in which it would be absurd to maintain that they possess any efficacy whatever. The possessor of a temperament that could be affected by such doses as these, might not only die of a rose, in aromatic pain, but must inhale mortality with every breeze, and find disease and death in every article of food. If M. Hahnemann seriously believes that such doses can control disease by any virtue which the article itself exerts, he presents a remarkable instance of mental hallucination. To treat him on his own principles, he ought to lose half a drop of blood, and permit one drop of cold water to fall from an infinite height perpendicularly upon his head. We do not believe that he can seriously entertain such an extravagant idea. The two parts of the theory are too well fitted to each other, to have been conceived in a depraved or perverted imagination. We know not a more admirable mode of making, under the best auspices, a fair trial of the expectant method, than that which M. Hahnemann has adopted. The singularity of his views, and the enthusiasm with which he supports them, must naturally bring him innumerable patients; and if he has rhetoric to persuade them that he actually pursues an efficient system of treatment, and can thus inspire them with confidence, his plan as much transcends the antiquated expedient of brown bread pills, as a grain of sulphate of quinine surpasses in efficacy the now exploded drug from which it is produced. Such an imposition, when once discovered, inflicts a stigma on its author scarce ever to be effaced. On the other hand, he who should attempt the same system undisguised, would, if in private practice, lose his patients —if in a civil hospital, his students; so that we know not the situation, excepting perhaps the care of a military hospital, which can open to a practitioner the same field for observing the natural course of disease, which is now enjoyed by the author of this doctrine. We hope the accuracy of his observations will be equal to the extent of his opportunities; and that the same persevering spirit which has led him to ascertain the four hundred and forty-eight symptoms produced by chamomile tea, will also conduct him to exact and valuable conclusions on the phenomena of disease, as they appear when equally unaided and unembarrassed by the interference of art.

UNITED STATES PHARMACOPŒIA.

Several notices on the subject of a second edition of this work, have been published in the newspapers, and as there appears to be some obscurity about the subject, as we before hinted, we have taken pains to arrive at the true state of the case. The facts, so far as we can learn, are these:—

In 1820, the United States Pharmacopœia was formed by a convention of delegates from the several Medical Societies in the Union; and provision was then made for the revision of the work, and publication of a second edition, in 1830. This was appointed to be done by other delegates, to be elected by the several Societies before mentioned, whose names were to be returned to Dr. Samuel L. Mitchell, of New York, the President of the Convention. It was also appointed that the meeting of these delegates should be called by proclamation of Dr. Mitchell, and held at Washington, D. C., in the year 1830.

It appears that, in conformity with

these appointments, the delegates were chosen by various Societies; but many of the Societies neglected to make return of their election to Dr. M. At the time specified, Dr. M. notified such as had been returned to meet, as before appointed, at Washington, for the purpose of revising the Pharmacopœia. As most of these delegates were from New York and its immediate vicinity, they met *in that city*, and, though not more than three or four in number, they proceeded to the preparation of the work; and the edition thus prepared has been printed and circulated throughout the country.

In the mean time, the delegates from various other societies in the Union, whose names had not been sent to the President, met, without his proclamation, *in the city of Washington*, organized a convention, and proceeded to revise the Pharmacopœia. The work of this convention is now in press, and will shortly be published.

Thus have we two second editions of the Pharmacopœia—proceeding from different bodies, each body being composed of delegates from medical Societies, but both informal,—the first, inasmuch as it met at New York instead of Washington, as expressed in the act by which a convention was to be called, and the second, as it was not called together by the mode prescribed in that act.

In this state of things, it is evident the profession must take some decided step, in order to prevent a dangerous confusion in the prescription and preparation of medicines; and it seems that the Counsellors of the Massachusetts Medical Society, after duly considering the subject in all its bearings, have decided to abide, for the present, by the old edition of 1820. This decision will doubtless meet the approbation of the profession generally throughout the Commonwealth.

The following is the official notice of the Counsellors:—

Whereas it does not appear to the Counsellors of the Mass. Medical Society that any revised edition of the American Pharmacopœia has hitherto been completed with sufficient unanimity or extent of co-operation to render certain its adoption as a national standard:

Resolved, That the Mass. Medical Society will for the present continue to use, as their standard, the Pharmacopœia of the United States published by the Convention of 1820.

GEO. HAYWARD,
Rec. Sec. of Mass. Med. Society.

Legal Restraint on Quackery.—The Legislature of Maine has passed a law which prevents any person, not a regularly educated and licensed physician, from having a legal demand for medical advice or assistance, within the limits of that State.

The letter from Madeira, and the communication on medical literature, came too late for the present number. We hope Z. will pursue the subject as he proposes.—The facts respecting the blackness of the tongue are interesting, and will be given our readers next week.

Whole number of deaths in Boston the week ending Feb. 11th, 20. Males, 11—Females, 9. Of consumption, 3; teething, 1; childbed fever, 1; lung fever, 1; old age, 1; unknown, 4; dropsy, 1; dropsy in brain, 1; fits, 1; brain fever, 1; debility, 1; liver complaint, 1; intemperance, 1.

ADVERTISEMENTS.

NOTICE. Those gentlemen who are yet indebted for the 1st vol. of the Med. and Surg. Journal, from Feb., 1828, to Feb., 1829, are hereby notified, that, after four weeks, the Proprietors of that Volume have authorized Mr. S. Smith to collect all that is due to them for it; and the present Proprietor respectfully requests that those indebted to him for the Medical Intelligencer, and the 2d and 3d vols. of the Med. and Surg. Journal, will forward all arrears. JOHN COTTON.

The subscribers above mentioned for said 1st vol., are hereby requested to remit payment for the same to the subscriber, at the office of the Boston Daily Advertiser.
SAMUEL SMITH, Agent for said Proprietors.
March 1, 1831.

COPARTNERSHIP NOTICE. The subscribers have formed a connexion in business as CHEMISTS, DRUGGISTS & APOTHECARIES, at Apothecaries' Hall, No 188 Washington Street, opposite Marlboro' Hotel, under the firm of JARVIS & PEIRSON.
NATHAN JARVIS.
GEORGE W. PEIRSON.

EUROPEAN LEECHES.
J. & P. have a few fine European Leeches—to the application of which, when directed by Physicians, they will attend without any additional charge.
Feb. 8.

WILLIAMS ON DISEASES OF THE CHEST. This day received, by CARTER & HENDEE, " A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By CHARLES J. B. WILLIAMS. Dec. 6.

BECLARD'S GENERAL ANATOMY. CARTER, HENDEE & BABCOCK have this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. BECLARD, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By OLIVIER, M.D. Translated from the French, with Notes. By JOSEPH TOGNO, M.D., Member of the Philadelphia Medical Society. Dec. 28.

SURGICAL INSTRUMENTS AND CHEMICALS. Students in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston. Oct. 15. ep3m

GERMAN LEECHES. RICHARD A. NEWELL, Druggist, Summer Street, respectfully informs the Physicians and Public generally, that he has just received a fresh supply of the above-named *Leeches*, which will be sold at a *fair* price.

N. B.—Leeches sent to any part of the city, and applied, without extra charge, by day or by night. 6w—Nov. 8.

ABERCROMBIE ON DISEASES OF THE STOMACH. Just received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland. Sept. 28.

SURGEON DENTIST'S MANUAL. Just received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons. Nov. 2.

Published weekly, by JOHN COTTON, at 184 Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid.*—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for common newspapers.

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, MARCH 8, 1831. [NO. 4.

I.

INFANT ACTING THE RESULT OF CERTAIN MENTAL ENDOWMENTS.

DR. SPURZHEIM, although he has not said so in any of his lectures, stated lately, in conversation, that to mimickry, where acting or personating is necessary, Secretiveness is essential. Dr. Gall, when he published his great work, thought that Imitation alone constituted the talent of mimickry and personation. —Vol. v., p. 331. Dr. G. does not fail to observe what he calls the *irresistible impulse* which supplies the stage with performers, and states, in confirmation, that almost all great actors gave up other occupations for the theatre. Garrick left the counting-house of a merchant to join a company of strolling players. Lekain was originally a surgeon's instrument maker. Clairon was a coach-maker; Moliere, the son of a *valet de chambre patissier* of the king, and brought up to the same occupation, which he quitted, impelled by an irresistible passion for the stage; and Corneille was destined for the bar. In farther proof of this passion being the result of a primitive impulse, Dr. G. adduces the curious though very common cases of infant performers, who astonish us with their theatrical powers, when they are not only uneducated, but have not nearly arrived at the maturity of their intellectual faculties. He mentions Henry West Betty, the famous Young Roscius, and we may add the still more wonderful Clara Fisher. Nothing short of an instinct, which, without the aid of reason, goes infallibly to its end, however arduous, can account for Clara Fisher's *former* performance of Richard III. We say former; for, when we saw her last winter, her acting of that most difficult of parts was become a different and altogether inferior exhibition. Betty, too, is no Roscius as a man. If we were asked to account, on phrenological principles, for this falling off,—the too common fate of precocious talent, but most of all of the histrionic,—we should impute it to the joint effect of injury to the organs by premature exercise, and distraction of their formerly undistracted and instinctive application, by the exercise of other powers to which education is more immediately addressed.

What we have now and formerly said of the histrionic results of the combination of Imitation and Secretiveness, especially when operating by a pure instinct at a very early age, is so satisfactorily confirmed by the case of Miss W., a very young lady whom we lately saw in London, that an account of it, we trust, will form an acceptable conclusion to this paper.

When visiting Mr. and Mrs. W., we were requested to look at the head of their eldest daughter, a child between ten and eleven years of age, and to say if we found in it an indication of talents or dispositions in any degree uncommon. In an admirable organization, both intellectual and moral, and which we were right in predicating would give both excellent dispositions and abilities, Imitation and Secretiveness were too prominent to leave us for a moment in doubt as to the talent which must have most arrested the attention of her parents; and their surprise, in ignorance of the simple signs which we read, may be judged of, when we answered, that their daughter was a most perfect mimic and imitator; and, more particularly, that, if she had ever been to the theatre, her favorite imitations would be dramatic. Impatient to verify this piece of absolute sorcery, our friends desired their little girl to give us a specimen. With great readiness she took her station at the opposite end of the drawing-room, while her mother sat down to the piano-forte, and played a recitative prelude. This indicated that we were to transport ourselves to the Opera-house, and imagine the *Prima Donna* before us. The child was immediately in a series of the most graceful and impassioned attitudes in the high tragedy style, while she vented her feelings in corresponding strains of recitative, with words to suit, which we were some minutes before we discovered to be her own *imitation* of Italian,—of which language she knew not a word,—but which, in both sound and sense, would have been quite adequate to all the duty of the King's Theatre with nineteen-twentieths of the opera-goers. She advanced, knelt, wept, and supplicated,—then rapidly retreated, indignantly and hurriedly rejecting, as it were, some unwelcome and unworthy proffer; —again advanced, singing a bolder strain, and assuming the towering attitude of command, while the *words* were all of the most magniloquent mouth-filling Italian. No practised actress could have exceeded this child in dignified, graceful, and altogether suitable attitudes and movements, or in better adaptation of the tones of voice to the passion meant to be portrayed. Suddenly she changed her character, and advanced with all the tripping liveliness of Allegro herself,—danced in the most attractive opera manner, and executed, with uncommon ease and grace, the steps and attitudes, and even pirouettings, of the ballet. Her dancing, we were informed by her parents, had rather fallen off since she had been put into the hands of the dancing-master for more *regular* training.* Our juvenile performer had not confined herself to imitation of the Donnas and Figurantes of the Opera; for she now assumed the Buffo, and went through all the chatterings, and grimaces, and contortions, of that impressive person, in a very superior manner.

It was now time to ask how such an infant had come by all this; and we were informed that her operatic history was this:—She had, when scarcely nine years old, been one night taken to the Opera, and was observed to give a very steady and fixed attention to the performance. The impression was, however, never believed to be deep or lasting, as she said little about what she had seen, and for *four months* the Opera seemed to be forgotten, when it was reported from up-stairs, that Miss W. had suddenly begun to *start* much, and throw her arms about, and mutter, and make faces, and speak "nonsense words," and dance oddly, the which was all of equally novel occurrence and bad example in the nursery, not to say that it moreover called in question the state of the wits of the said Miss W. When all this proved to be a wonderfully correct imitation of what the child had seen and heard at the Opera four months before, the astonishment of her parents may be imagined. They were tempted to take her to the Opera again; and when we saw her, she had seen that performance three or four times.

---

* We were acquainted with a curious instance of the same thing in a child in Edinburgh: indeed the result is to be looked for.

Of this unaccountable interval of apparent meditative preparation, we have an instance from no less an authority than Plutarch. *Plutarch* relates, that a parrot belonging to a barber in Rome, was remarkably talkative and amusing, and the neighbors used to gather round to hear its performances; till one day a procession happened to pass, accompanied with a band of music, trumpets, cymbals, and other noisy instruments, which so astonished the parrot, that he continued silent for the space of three days. The barber and his neighbors were lamenting the want of their ordinary amusement, and began to fear that the parrot would never speak again, when all on a sudden, at the end of the before-mentioned period, Poll broke out into a most correct imitation of the whole processional band, and gave the braying of the trumpets, the jingling of the cymbals, with drums and all other accompaniments, in grand style. Plutarch concludes, that, during the period of silence, the bird had been employed in meditating, and preparing in his mind, the extraordinary exhibition which he afterwards made of his imitative powers.

Miss W.'s imitations were quite impartial. She had been present at a harvest-home, and had seen an Irish reaper and his daughter execute severally a pas-seul, in the form of a hornpipe or jig, in a highly characteristic manner. She gave us the one after the other to the minutest inelegance which had been perpetrated; and it was quite evident, throughout both movements, to which of the two performers every step and hobble belonged. When the lady, she wrapped up a handkerchief into a globular form, which ever and anon she applied to the heated brow and importunate nose; and, although all present were moved to laughter, not the slightest external mark of it appeared on the features of this curious child. This we could only impute to the suppressing power of Secretiveness; for a very considerable development of the organ of *Wit*, put insensibility to the ludicrous, in her, quite out of the question. There is no emotion whose outward expression is more difficult of concealment than laughter; yet we all know the gravity with which players go through the most ludicrous scenes. Liston's solemnity, for example, which he generally pushes the length of an idiotical expression, is in such monstrous incongruity with the matter he has in hand, that it often overcomes the gravity of the other performers, whose surrender is always a great additional amusement to the spectators. Liston's Secretiveness is uncommonly large.

Miss W. never witnessed the feats of a ventriloquist; but if she should, and should not produce the vocal illusion of ventriloquism as perfectly as she would imitate all the gestures and movements, we should seek the reason in her inferior endowment of Time, without which, as we above observed, the distinctions of sound are not sufficiently determined. She has every other faculty for the ventriloquial accomplishment, in equal endowment with M. Alexandre, with a reflecting development decidedly superior.

There is another of his Majesty's liege subjects worthy of remark in a phrenological view,—a Master Joseph Burke, *aged six years*, who leads the band at the theatre in a long and intricate overture of Rossini's, plays the violin with very considerable power of expression and execution, and performs Lingo in "The Agreeable Surprise," Murtoch Delany in "The Irishman in London," and various other parts. I went on Tuesday night to see him, and, after the overture, he came into the box where I was sitting, along with his father and mother. He is one of the finest little fellows I ever saw; not tall of his age—rather the reverse—*but with a head equal in size to that of most full-grown men.* The breadth above the ear is particularly great; I should think it at least six inches; and, in putting my hand to it, I found *Secretiveness* quite prominently large. The occipital region (Amativeness, Philoprogenitiveness, Concentrativeness, Adhesiveness, and Combativeness) is very full, and Firmness is also large; but it was a large head every way. I could not see the forehead well on account of his hair, but I plainly saw that the lower part of his forehead was all full. His performance on the violin is wonderful, certainly, for so young a child; but in musical precocity he has a rival in the Infant Lyra. His acting likewise has a parallel in Clara Fisher's; but, as uniting the two talents, he must be allowed to be the greatest wonder of the three. His acting is remarkable for nothing so much as the *determined gravity* with which he keeps his countenance, while the whole audience, and even the actors themselves, are convulsed with laughter. When in Lingo he makes love to Cowslip the dairy-maid, the actress who performed that character was quite unable to keep her countenance, when he was straddling up to a chair to seat himself beside her; but all the time he never moved a muscle. This is an additional instance of Secretiveness being found in a talent for acting; indeed, I am more and more satisfied that it is one of the most essential ingredients of that talent.

Master Burke, his mother informed us, is very fond of drawing, and is also an excellent dancer; but in other matters, such as reading and general information, he is quite a child, and not more forward than other children of his age. He seems to have the best dispositions possible,—did everything he was desired by his parents, and went to everybody who wished to take notice of him, with the utmost good humor.

II.

ABDOMINAL PRESSURE IN OBSTETRICS.

The custom of applying a bandage or swathe to a female *after* accouchment, is general, if not universal. It is not, however, so commonly known as it ought to be, that the same application, vigorously made, is a great aid to the expulsive efforts of the uterus. Pressure by the hand of a friend is almost always inefficiently applied; and much time might be saved the practitioner, and much suffering the patient, if nurses were taught to press with sufficient force, and in the right direction, and at the proper times, on the uterus, during the pains of parturition.

The following statement from the London Review, contains a practical lesson on this mode of procedure.

Mr. M'Morris, a medical officer in the East India Company's service, writes to us as follows. "In one of the numbers of the Medico-Chirurgical Review for 1828, I find a bandage proposed by Mr. Gaitskell for obstetric purposes. I have no doubt it will facilitate the parturient powers of Nature by the support and pressure which it affords. It is a common auxiliary among the native women on this side of the Indian peninsula, when the progress of labor is slow. Some of the female attendants, in such cases, place their hands on the abdomen of the parturient patient, and press it pretty violently downwards towards the pubes, having first rubbed it with castor oil. This operation is continued till the child is expelled, which generally happens soon after the mechanical pressure is commenced. If the secundines are not expelled with the fœtus, the woman is left to rest, with a bandage applied pretty tightly round the abdomen. I have been astonished, in some cases that I have witnessed, to observe the increase of the expulsive pains soon after this process is put in force."

III.

MEDICAL LITERATURE.

For the Boston Medical and Surgical Journal.

> "Much study is a weariness to the flesh, and of reading many books there is no end."

Among all the numerous volumes which weigh down the shelves of a Medical Library, how much is there entirely useless;—in how very small a space might all that is really valuable be comprised! We have voluminous treatises on every branch of medical science, many of which indeed contain something valuable; but amidst how much dross, are the few particles of pure gold concealed!

An author generally writes more for his own fame (if no more sordid motive, such as the desire of filling his purse, set his pen in motion), than for the good of society. Hence, when a person undertakes to write a full treatise, you find him telling you not what is fact,—not the well-known truths of science, the real metal,—but he must display his erudition by giving you the history of error succeeding error, from age to age, until you begin to be of opinion that the healing art is all a mere matter of conjecture. The author next gives you the opinions of himself, which he supports at full length; and then proceeds to refute the opinions of his adversaries. Thus, most probably, a large portion of his work is occupied in discussions of a question, which, if settled, would be after all of trifling value. Medicine indeed is not alone in this particular. Theologians, of all ages, have produced tome upon tome, of ponderous dimensions, upon unimportant points; and entered with so much eagerness into these discussions, that the simple and beautiful truths of religion have been almost lost in the obscurity of metaphysics ;—so that no one can find the truth but by appealing to the small volume which is its fountain head.

Happily, in Medicine, as in Theology, there are some plain and important truths which common sense points out too obviously to be mistaken ; so that in the same manner as the moral principle renders many men benevolent in spite of an erroneous creed, physicians of observation act rightly in their practice, in direct opposition to their theory.

The other Sciences have shared the same fate as Medicine and Theology. But it is with those that relate to Medicine, that we have to do, in our present article. Anatomy and Chemistry are, in some degree, exact sciences; hence the works upon these are more valuable than upon the other branches of medical education. Anatomy, especially, does not admit of much theorizing. Still the numerous works which are continually coming forth, prove that none of them has as yet advanced very near to perfection. Charles Bell's Anatomy * contains, indeed, most that is necessary to be known upon this branch, and the Physician need not be in possession of any other. So of several other systems of Anatomy. But where is there a complete treatise upon Surgery, which answers, by itself, for the Medical Student, or for reference for the Surgeon ? Where is there a work upon the Practice of Medicine, which would answer this purpose ? The young surgeon or physician may look through treatise after treatise, without finding information upon the particular subject he wishes. If he does, it is ten to one that the instructions he finds are erroneous, and the method of cure pointed out long since exploded ; and this, when he consults only standard works. He is lost in a labyrinth of doubt and perplexity. He is compelled to close the volume, and seek in his own brain the method of procedure ; unless he determine to confide in some one author—and then, most probably, he will be led into error. Thus every physician and every surgeon is obliged to form for himself an original mode of practice, guided only by general principles.

One great source of the imperfection of medical works, is, that practical men spend their lives in a round of professional duties ; and at their death, most of the knowledge they have acquired perishes with them. Thus those who are best qualified to write, have not the opportunity ; and the task is left to theorists. If, however, every physician should habituate himself to keep a correct account of all his cases, and briefly note down his observations upon them, Medical Science would advance much more rapidly. The Commentaries of Heberden—a work which is a simple statement of facts, without an attempt to support any theories —is one of the most valuable works that we possess. One advantage of this plan would be, that the practitioner, not intending immediately to publish his cases, would more readily record them as they occurred, without suppressing or garnishing. As it is at present, those who publish cases suppress most of those which terminate unfavorably, and distort those that

---

* The edition published in London, 1829, contains a full account of his discoveries upon the Nerves, and plates illustrative of them.

they publish, so as to exhibit their own practice most favorably, or confirm their own theories. What confidence can be placed, then, in the statement of a medical author?

Let us not, however, be mistaken. Our remarks refer principally to foreign works; for of them the great body of our Medical Literature consists. Nor would we accuse these writers so much of insincerity, as of seeing through a medium favorable to their own opinions or practice.

There is another deficiency in medical works. They are not sufficiently practical. The student can only acquire the *principles* of practice from books; he must derive his practical *knowledge* from sources which are not always at hand,—from the lectures or advice of experienced practitioners; still more from his own experiments upon the living subject.

There is a method that seems to us calculated to remedy these evils; though we do not suppose it will ever be adopted here. Suppose a Society, such as the Massachusetts Medical Society, or the Boston Medical Association, should appoint a number of practical men to form a sort of Digest of Medical Practice. Let them draw, from the best works of the present age, and from their own practice, the general principles of medicine, the plain history of each disease, and the method of treatment most generally adopted. This need comprise no other diseases than those met with in America, and all of these which are peculiar to sections of the country should be treated by themselves. Perhaps it would be still better to confine the treatise to New England only, and leave it to other parts of the country to prepare treatises for themselves, if they should approve the example. Into this work, no two theories on the same subject should be admitted; where one cannot be agreed upon, let none be given. This work, after being approved by the Society, should be adopted as a standard. Treatises upon the other branches should then be formed in the same way. Of course, the works which we already have would not be thus thrown into disrepute. The advantage would be, that we should gain one complete work on each Science, which would contain something like truth. These treatises might be revised from time to time, and additions made of new discoveries, when they had become generally adopted.

As it is at present, truth and error are indiscriminately blended; and on the shelves of a medical library you will find them combined in proportions of at least four parts error to one part truth. The glorious uncertainty of Law is nothing to the glorious uncertainty of Medicine. Z.

IV.

PUERPERAL FEVER TERMINATING FATALLY.

To the Editor of the Boston Med. and Surg. Journal.

Dear Sir,—As there is no subject which pertains to *disease*, that is not more or less interesting to the medical practitioner, I have thought proper to communicate to you a single *case*, which to me was of an interesting nature, that occurred within the circle of my practice the past season, together with the symptoms and treatment. Should you think it worthy of notice, you are at perfect liberty to give it a place in your useful Journal.

Very respectfully,

CALEB PIERCE.

Madrid, *N. Y.* *Feb.* 15, 1831.

Mrs. Harriet Morse, aged 27 years, of a healthy and sound constitution, was delivered of a healthy child at the natural period of gestation, on Sunday, Aug. 23d, 4 o'clock, P. M. Had a comfortable and quick labor as at any previous time—having been the mother of four children before. She remained comfortable, and no symptoms appeared to excite alarm, until Tuesday morning, 4 o'clock, A.M., when I was sent for. Arrived, and found symptoms as follows:—Fever, ushered in with severe cold chills; severe pain in head and back, with thirst, &c.; occasionally says she feels "sharp cutting pains" in the region of the uterus, restlessness, &c.; pulse 90, full and wiry. Vs. 20 oz.; blood highly inflamed. Had taken a cathartic of epsom salts the day before, which as yet had not operated. Gave calomel, 25 grs., which was followed with ol. ricini in two hours.—12 o'clock, had an active operation from the medicine.—Evening, visited my patient. Symptoms more favorable: pulse 80, soft; less fever, with an abatement of pain; bowels loose, and not bloated. Dov. pulv. 4 grs. Rested well, and a free and active perspiration was restored upon the surface.—12 o'clock, night, complains of some increase of pain in the region of *uterus*; no perspiration; increase of fever, thirst, &c.; lochia continues with some color.—1 o'clock, pain increased; restlessness; tumefaction of the bowels, and some enlargement of the uterus.—2 o'clock, pain severe; restlessness; fever; countenance expressive of great anxiety; pulse 109, full and hard; complains of great soreness and tenderness of the uterus; limbs drawn up in bed; says she "cannot be moved." Vs. 29 oz. Calomel 40 grs., with two grains opium. Two hours after, Solut. Tart. Antimony. Fomentations to the abdomen, &c.—10 o'clock, A.M., calomel operated well. 12 o'clock, symptoms no better.

Notwithstanding my patient had been bled 49 oz., taken 65 grs. calomel, &c., in thirtyfive hours, there was not the least mitigation or amelioration in her symptoms. In this hour of distress, and at this stage of the disease, three neighboring physicians were called as associate counsel, who, after examining the nature of the case and existing symptoms, approved of treatment, and still recommended a perseverance in the general treatment as the only alternative.

At this time, pulse 119, rising; fever high; tongue dry and coated. Vs. 22 oz.; blood highly inflamed.—1 o'clock, P. M., pulse 132. Blister to the abdomen. Injections Sal. Epsom per anum every two hours, with saturated laudanum. 20 grs. antimony, 4 oz. water, a tablespoonful every hour.—5 o'clock, less fever and thirst. Antimony omitted, and Dov. pulv. substituted. Bowels continue loose, but tumefaction remains the same as before.—Thursday morning: rested well through the night; less fever. Complains of no pain or soreness in the region of the uterus; very little thirst; pulse 95, soft. Complains occasionally of being drowsy, probably from the use of Dov. pulv. Continued the medicine as yesterday.—5 o'clock, P. M., breasts full and drawn.

From this period until Friday evening, 8 o'clock, we had anticipated no unfavorable issue in her case, and had prognosticated a speedy convalescence. But, alas! how soon were our fondest hopes and expectations blasted! In an hour when our fears had been dispelled, we were unexpectedly presented with the following symptoms: — Bowels bloated; flatulency; fever; vomiting, &c.; pulse 115. Fifteen drops laudanum, with 100 drops comp. spts. lavender, given to quiet the irritability of the stomach. Injections, with laudanum, continued as before. Complains of great pain in the region of the uterus, and over the abdomen generally, increased on the slightest motion. Pain resembles, in a great degree, regular labor pains.—Saturday: pulse 145; bowels moved, from the injections. Great nervous irritability prevailed, notwithstanding the free and liberal use of antispasmodics. Complains of great soreness in the region of the uterus; and at this juncture of disease, a person ignorant of the true nature of the case would suppose her to be in actual *labor*. The enlargement of the bowels is exceedingly great, resembling, in appearance, a womb in the advanced stages of pregnancy. Her cries and groans are the most distressing. "My God!" says she, "I cannot endure it." Symptoms continued to increase in severity until Sunday. Pulse 159, vomiting, &c. The stomach does not contain the least kind of liquid or nourishment. Injections of yeast per vaginam and per anum, with the addition of laudanum. The irritability of the stomach is so far quieted that a dose of ol. ricini was given, and retained on the stomach; three hours after, operated well. Stools *dark* and *fetid*.—6 o'clock: hiccough; cold sweats; cold extremities; slight delirium. Warm bath, but to no effect. Brandy externally, wine, &c., as much as the stomach would bear. — 12 o'clock, sinking, although her muscular strength is astonishingly great; requires one or two persons to keep her in bed. Screams and groans loud—says her pains are like the "*cutting of a knife.*" Still is rational, and thinks she is dying. Begs of us to cut into her side to ease her distress. Says she feels as though she might be "*delivered of something that would mitigate her pain.*" — 4 o'clock, with all the train of aggravated symptoms possible for man to describe, with perfect composure of mind, she suddenly fell asleep in *death*. Thus closed the life of a dutiful wife, a tender mother, and a valuable friend.

Owing to objections on the part of friends, *postmortem* examination was not made.

V.

BLACKNESS OF THE TONGUE.

Letter to the Editor of the Boston Med. and Surg. Journal, from a distinguished and highly valued personal and professional friend.

Dear Sir,—I noticed with some interest, in the Boston Medical and Surgical Journal of the 20th inst., an account of a patient, who, when *recovering* from a peripneumony, found his tongue and his feces blackened, in a degree which led to a suspicion that some latent cause was at work of an unfavorable description. It was, however, finally discovered to be merely owing to the pulp of apples boiled in an *iron* sauce-pan; which pulp the patient used for moistening his mouth, while at the same time he occasionally took tea,—the tannin of which last article, forming a black oxyde with materials derived from the iron sauce-pan, by means of the apples, produced the appearances in question. The proof of this fact was obtained by boiling the apples in an *earthen* pot, when no such color was produced.—Such is the statement in the Journal.

Within the last two or three weeks, something resembling this has happened to myself.—Some of the fish caught in the river near us, of the size of a smelt, and vulgarly called ***Frost-fish***, or *Tom-cod*, were (in the absence of other fish) repeatedly brought to our table, having been broiled on a grid-*iron*. Now I observed at this time, that, though I was in my usual good health, my feces were black; but I simply attributed this to the *dark color of the broiled skins of the fish*, as I had often observed my feces to be light colored after drinking milk. But since reading the above article in the Journal in question, I have recollected that a large pig having been killed in our family, which yielded several pieces of roasted pork, apple-sauce was made to accompany each piece, of which I ate *very liberally*. As the *apples* were boiled in a *copper* vessel lined with tin (though indeed somewhat imperfectly), impregnation from iron was here out of the question, as regarded the apples; but the grid-*iron* might easily communicate chalybeate qualities to the skin of the *fish*. Now when these two articles were introduced into the intestines, one after the other, there to meet for the *first time*, the *tongue* indeed might remain uncolored; but not so the materials in the *intestines*, especially if they were there aided by gall, heat, &c.—You will please to recollect, that, in eating apples or pears with an iron or steel knife, a stain of black is sometimes left on the blade; which is a circumstance corroborating the above supposition.—I should add, that on each day I drank a small tumbler of genuine cider; but cider, it is to be presumed, exhibits a very modified resemblance to the *unfermented juice* of the apple.

As we do not often hear of incidents like those above described, it is possible that where they occur, some singularity of temperament may exist. It may even be necessary that apples, or fish, or iron, of a peculiar quality, should be employed to produce the results in question; or the iron may be in different states of cleanliness: and it is under these impressions that the above remarks are made. In any event, we must admit that small circumstances may sometimes produce singular effects; that it is difficult, in some cases, to foresee such effects, and yet pleasant to seek after their explanations when they occur. In other words, there can be no evil in keeping the mind always *alert* as to facts and their causes, where it may tend to quiet needless alarms.

I am, my dear sir, yours, with great truth, * * *

Jan. 29, 1831.

MEDICAL JOURNAL.

BOSTON, MARCH 8, 1831.

INFANT ACTING.

Our leader this week consists of detached extracts from an article published in the Edinburgh Phrenological Journal, in 1825. The object of the article was to show that scenic and ventriloquial power are derived from a large endowment of Imitation and Secretiveness; that they consist in a union, in an individual, of extraordinary powers of imitation, to enable him to assume the appearance, voice, &c., of another—and of concealment, by which he may mask himself, and suppress the expression of any emotions which may be excited in his own mind. Whether this explanation be correct or otherwise, the part we have extracted will derive an interest from its allusions to the early history of a genius who has recently astonished us by his displays of histrionic excellence, and of a lady who preceded him in the same remarkable course. In her subsequent career, we may see an indication of what will probably be the sequel of his.

THE STUDY OF ANATOMY IN THE MASS. MED. COLLEGE.

One improvement, like one indulgence, generally leads to another. We noticed, in a late newspaper, a suggestion, purporting to be made by a medical student, that the arrangements in Mason Street are not altogether satisfactory to the classes. The subjects of complaint are, first, that the whole duties of lecturing on Anatomy and Surgery, are required of a single individual, whose time is notoriously in demand by an extensive and most respectable private practice; and, second, that no provision is made for an anatomical demonstrator.

In most Medical Schools, Anatomy and Surgery are taught by separate professors, and where the resources of the Institution will justify such division, it is unquestionably desirable; but in the present state of things in this community, and at our Medical College, its expediency is at least doubtful. The evil necessarily resulting from the union of these two professorships, might be better remedied, at present, in the way suggested by the writer referred to—viz., the prolongation of the course. Excepting in schools very recently established, we do not recollect an instance, but in Boston, in which the lectures continue so short a term as three months. In most cases, instruction is given double that time; and were it continued in our college a month longer than it is, the students would be better taught, and both pupils and professors better satisfied with the result of their labors. If any change is to be made—and, from the state of feeling and opinion among medical men, it may be justly inferred that some changes will ere long be effected—the one here proposed seems preferable to the other. It accords more, too, with the experience of other schools; for, though few, as before remarked, are open for so short a time as three months in the year, yet in many we find a single individual lecturing on Anatomy and Surgery. This was the case at that celebrated Hospital in London, where Sir Astley Cooper acquired so much of his reputation, and imparted so much of his hard-earned knowledge; if we mistake not, Mr. Abernethy found no difficulty in discharging similar duties: yet the private practice of both these gentlemen was by no means a sinecure—equal, certainly in extent, and probably in laboriousness, to that of the distinguished Surgeon who fills the same chair at the College in Mason Street.

Respecting the second improvement proposed, we fully agree that it cannot be made too speedily. The writer of the article in question, who it seems has been an inmate of the school, has felt, in common with his fellows, the want of a guide in dissection, and hence is led to speak in the language of complaint. But it did not occur to him, probably, that the Corporation would have placed themselves in an awkward predicament, by appointing an anatomical demonstrator, when the pursuit of anatomical study was forbidden by the laws of the State under which the Corporation act. Any privileges the students may have enjoyed in this way, have been the free offering of the individuals connected with the School;—not known, or certainly not recognised, by the University, and afforded them at the expense of much personal anxiety and responsibility. It would therefore be in better spirit for them to be thankful for what little they have enjoyed, than to complain that their privileges, in this pursuit, have not been greater.

Things, however, have now changed. The legal restraints are removed, which fettered alike the student and his teacher. The veil of secrecy is in a measure withdrawn from these studies, and they may now, and ought and doubtless will, be conducted with system; for the public have a right to expect that the greatest possible amount of information will be drawn from the sources, limited as they are, it has now opened to the profession.

In those countries where a liberal policy has been pursued on this subject, we find dissections conducted with a degree of precision which is almost burdensome. In France, e. g., with the study of practical anatomy is associated a director, inspector, demonstrator, conservator, dessignateur-peintre, modeller, &c. But all these officers must be paid, and many of them are unnecessary. The demonstrator, however, is indispensable. Besides the importance of his services to the pupils, his occupation is preparing him for a more elevated place; and affording, in fact, the only preparation which can enable a man to lecture on Anatomy in the manner it ought to be taught in every medical institution. Those great men who have contributed most largely to the improvement of anatomical and physiological science, have most of them been trained in this responsible office: and its existence among us, and its administration by men of good talents, thorough education, patience in research, acuteness in observing, and aptness in describing, appear to us important for the credit of the profession, for the interests of science, and the good of the community.

It is to be hoped, therefore, that the Corporation of the University will lose no time in making their arrangements correspond with the more enlightened policy adopted by the State Government; that they will place the anatomical department in a condition worthy the general resort of our medical students, and the extended patronage of an enlightened Legislature.

ACTION OF AIR ON BLOOD.

The changes induced by respiration in the composition of the air, seem destined to constitute an exhaustless field of physiological inquiry. Belonging at once to the domain of physiology and of chemistry, this topic has engaged, in its elucidation, the powers of the greatest minds in both these departments of science. There is scarcely an eminent name in the history of either, for the last twenty years, which might not be quoted in connection with this single subject. It is not our intention, at present, to review the labors of these distinguished individuals, or to enumerate the various sources of doubt and difficulty with which the investigation has been attended. Our immediate object is, simply to state to our readers the latest point of controversy, and perhaps not the least interesting, which this prolific subject has furnished. It is agreed, on all hands, that the air which is expired from the lungs, differs essentially, in its composition, from that of the atmosphere. The precise nature of the change effected cannot be stated with entire confidence; but the following result, obtained by Davy, is sufficiently accurate for our present purpose. That philosopher states, as the result of his experiments, that about thirteen cubic inches of air are inhaled by a healthy man at each inspiration, consisting of nine and a half inches of nitrogen, three and four-tenths of oxygen, and one-tenth of an inch of carbonic acid. The bulk of air expired is somewhat less, or twelve inches and three-fourths; of which nine and three-tenths are nitrogen, two and two-tenths oxygen, and one and two-tenths carbonic acid.

Now without entering into the vexatæ quæstiones of retained oxygen, the source of animal heat, or the formation of vapor, it would seem to follow, as a necessary inference from the above facts, that a certain amount of carbon is furnished to the inspired air by the venous blood in the lungs, by which a part of its oxygen is converted into carbonic acid. With regard to the blood itself, it is equally obvious to infer, that a part of its carbon is withdrawn by the action of the atmosphere; and as, in passing from the venous to the arterial system, the color of the blood is known to undergo a material alteration, this has naturally come to be considered a part of the chemical change thus effected, and that as the lighter red color results from the decarbonization, this is equally a necessary effect of the exposure of venous blood to the atmospheric air. This conclusion has been thought to receive full confirmation from the phenomenon which occurs, when blood, drawn from a vein, is agitated in contact with the atmosphere. Under these circumstances, its dark color is found to be exchanged for a brighter hue; and no doubt has been entertained or expressed that a corresponding change takes place in its proportion of carbon.

Within a short time, however, a distinguished chemist, Dr. Davy, has undertaken to throw some new light on this part of the subject, and to prove that, properly speaking, no chemical action follows when blood is exposed to atmospheric air; that the process which takes place in the lungs is vital, and depends on vital causes; and that when blood drawn from a vein is exposed, no chemical change occurs until putrefaction commences: that the color of the blood is not altered; that no oxygen disappears from the air, and no carbonic acid is formed in it. The apparent effect of agitation in changing the color, is referred, by Dr. D., to the froth which, under these circumstances, collects on the surface, and which, when it subsides, leaves the blood—according to him—of its original color. Dr. D. adds, in confirmation of this idea, that agitation of the blood in hydrogen gas produces precisely a similar effect.

Such are the observations of Dr. Davy; and if confirmed by others, they would show that there has existed, on this subject, an error as remarkable as universally diffused. On repeating similar experiments, however, other chemists have not arrived at similar conclusions. In a late able article in the Edinburgh Journal, Dr. Christison details the results of some experiments which tend strongly to confirm the common opinion. As respects the change of color, indeed, it seems impossible to adduce any proof beyond the naked fact. The blood was found, by Dr. C., as it has been observed by others, to become brightly red, on agitation in the air, and to retain this color for more than a day, sometimes even for four days. The difference in tint was, in fact, so obvious, that it could not be mistaken at the distance of thirty feet.

To ascertain the change produced in the chemical character of the blood, Dr. C. instituted the following experiment:—The blood was made to pass from the vein, in a full stream, into a bottle, into which some bits of lead were introduced, and which, when entirely filled, was closed with a glass stopper having a very small groove in one side. The lead being shaken in the bottle, collected nearly all the fibrin, while no air gained admission to the blood, except what entered by the groove as the blood cooled and contracted. Ten cubic inches of blood, prepared in this way, were transferred to another bottle, whose capacity was 23 cubic inches, and which had two orifices, both provided with stopcocks, and one connected with a tube opening under the surface of mercury. When the stopcock of this orifice was opened, the mercury rose in the tube, showing that the air on which the blood had acted was reduced in amount, or, as Dr. C. expresses it, was in part absorbed. The air thus altered was subsequently expelled from the bottle, by means of water introduced through the other orifice, and, being collected over mercury, was carefully analyzed. The amount of absorption, under these circumstances, varied, in different experiments, from .32 of a cubic inch to 1.14. The formation of carbonic acid was distinctly proved by its action on potass and baryta. The quantity, however, was small, not exceeding .25 of a cubic inch. It has indeed been shown, by Dr. Davy himself, that the serum of the blood has a strong solvent power over carbonic acid, and that it will absorb more than its own volume of this gas, so that the small quantity which was evident in the residual air is easily accounted for.

NEW VETERINARY HOSPITAL.

We understand that a Veterinary Hospital is to be attached to Col. Jaques' stock farm, at the Ten Hills, Medford; and that a gentleman will be sent out by Mr. Coleman, Professor of the Veterinary College, England, qualified to practise this art, and give instruction in it to others. Such a man is very much wanted here. The study of comparative anatomy, and the different effects of the same medicine upon different animals, particularly those which are esteemed valuable, are subjects interesting to all, and especially so to the medical profession. An annual course of lectures upon these subjects, delivered in Boston, would be very useful; and most of our medical students, particularly those who are to practise in the country, would find it very much for their interest to attend such a course, could it be given by an intelligent, well-educated, and experienced Professor.

The following case, related in Rust's Magazine, is something of a poser to Mr. Halsted's old notion redivivus about kneading, shampooing, &c. &c.

Stomach almost entirely converted into Cartilage.—A woman had had a tumor in the abdomen for twelve years; it was moveable, of a round shape, and had been unanimously declared, by several medical men who examined it, to be a scirrhous ovary. This patient, who had never had nausea, vomiting, nor any of the other symptoms by which scirrhus of the stomach is usually indicated, at length died; and on opening the body, it was found that the tumor was formed by the stomach converted into cartilage, which was an inch thick on the anterior surface, and it was only at the posterior part that a small membranous portion was discovered, less indurated and not so thick. The cartilaginous parietes of the viscus could not have performed any movement, and it would thus appear that motion on the part of the stomach is not essential to digestion. The preparation is deposited in the Royal Museum at Paris.

Boylston Prizes.—It will be seen by an advertisement on our outer page, that the Essays for these Prizes must be sent to Dr. Warren the present year, in consequence of the death of Dr. Welsh, late Chairman of the Boylston Committee. The time for receiving them is on or before the first Wednesday in April next.

Whole number of deaths in Boston the week ending Feb. 26th, 16. Males, 8—Females, 7. Stillborn, 1.

Of consumption, 3; croup, 2; old age, 1; apoplexy, 1; fever, 1; lung fever, 2; unknown, 4; cholera infantum, 1.

ADVERTISEMENTS.

BOYLSTON MEDICAL PRIZE QUESTIONS. The Boylston Medical Committee of Harvard University hereby give notice, that in consequence of the death of their late Chairman, Thomas Welsh, M. D. the Dissertations for the present year must be forwarded, post paid, to John C. Warren, M. D. Boston, on or before the first Wednesday of April next. GEORGE HAYWARD, Secretary.
Boston, March 3d, 1831. March 8. 2w.

NOTICE. Those gentlemen who are yet indebted for the 1st vol. of the Med. and Surg. Journal, from Feb., 1828, to Feb., 1829, are hereby notified, that, after four weeks, the Proprietors of that Volume have authorized Mr. S. Smith to collect all that is due to them for it; and the present Proprietor respectfully requests that those indebted to him for the Medical Intelligencer, and the 2d and 3d vols. of the Med. and Surg. Journal, will forward all arrears. JOHN COTTON.

The subscribers above mentioned for said 1st vol., are hereby requested to remit payment for the same to the subscriber, at the office of the Boston Daily Advertiser.
SAMUEL SMITH, Agent for said Proprietors.
March 1, 1831.

COPARTNERSHIP NOTICE. The subscribers have formed a connexion in business as CHEMISTS, DRUGGISTS & APOTHECARIES, at Apothecaries' Hall, No 188 Washington Street, opposite Marlboro' Hotel, under the firm of JARVIS & PEIRSON.
NATHAN JARVIS.
GEORGE W. PEIRSON.

EUROPEAN LEECHES.

J. & P. have a few fine European Leeches—to the application of which, when directed by Physicians, they will attend without any additional charge.
Feb. 8.

WILLIAMS ON DISEASES OF THE CHEST. This day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By CHARLES J. B. WILLIAMS. Dec. 6.

BECLARD'S GENERAL ANATOMY. CARTER, HENDEE & BABCOCK have this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. BECLARD, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By OLIVIER, M.D. Translated from the French, with Notes. By JOSEPH TOGNO, M.D., Member of the Philadelphia Medical Society. Dec. 28.

SURGICAL INSTRUMENTS AND CHEMICALS. Students in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston. Oct. 15. ep3m

ABERCROMBIE ON DISEASES OF THE STOMACH. Just received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland. Sept. 28.

SURGEON DENTIST'S MANUAL. Just received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons. Nov. 2.

Published weekly, by JOHN COTTON, at 184 Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for common newspapers.

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, MARCH 15, 1831. [NO. 5.

I.

REMARKS ON THE OPERATION FOR THE HARE-LIP.

By Zadoc Howe, M.D., of Billerica, Mass.

Having observed that the operation for the hare-lip generally leaves more or less of the original deformity, I several years ago adopted a mode of operating a little different from that described by surgical writers upon the subject.

The improvement consists in making two curved incisions, instead of two straight ones, in such manner that the opening, when ready to be brought together, shall resemble half of a leaf of the apple tree, cut transversely, rather than the letter V, as directed by authors.

I first used this kind of incision in a cancerous affection of the under lip. The disease lay on the lower part of the lip, and a little down upon the chin; it was thought expedient to cut through the lip, for the sake of uniting the parts by the first intention : the curved incision was used at the time, rather with a view to save the destruction of sound parts, than any improvement in other cases. I was gratified with the appearance of the lip when healed, and have always adopted this mode of operating since, in the hare-lip, whenever circumstances would permit.

After the operation, the edge of the lip, instead of drawing in, will turn a little out, giving it more of a natural appearance ; and as the perpendicular cicatrix will be somewhat lengthened, no notch will appear in the edge ; a circumstance which is very liable to happen after this operation, performed in the usual way. In short, it leaves rather less deformity ; which all will allow is an object of some importance in operations upon the face.

I suggested the substance of these remarks to the late Professor Smith, of New Haven, several years ago. He procured a small pair of curved forceps, with a screw in the handles, on the principle of those used for breaking a stone in the bladder. His intention was to fasten the instrument upon the lip, and cut by the side of the blades. How the doctor succeeded with his instrument, I never heard.

I have always cut by marks made with ink ; and, in the hare-lip, always carry one interrupted suture, with a small needle, as high as possible in the nostril, that no fissure may appear when the head is elevated. One small gold pin, a little curved, together with adhesive straps, completes the dressing.

I frequently give the incision a greater degree of curvature upon one side than the other, for the sake of saving the parts—always taking care to make the sides exactly correspond in length, and withdraw the pin in about sixty hours.*—*Am. Journ. Med. Sc.*

II.

CYNANCHE TONSILLARIS, TERMINATING FATALLY BY HEMORRHAGE.

By Samuel Webber, M.D., of Charlestown, N. H.

In the Medico-Chirurgical Review for July of the current year, I notice several cases of hemorrhage subsequent to cynanche tonsillaris, one of which proved fatal—two were barely saved by the somewhat formidable operation of tying the carotid artery, and two, after great danger and prostration, by the use of astringents combined with other treatment. These are related as unusual cases, and are in fact the first of the kind I have ever seen in print, though probably other cases have occurred, since I have myself unfortunately met with one which terminated fatally with great suddenness, and which the reading of those above mentioned has induced me to send you for insertion in the Journal.

The case occurred late in the autumn of 1825, in the person of a young woman of about eighteen years of age, who was attacked with a severe cynanche tonsillaris. Thinking that it would get better, as this complaint frequently does, with merely domestic remedies, no professional assistance was had until the third day, when I was called in. I found the throat very much swelled, so as greatly to obstruct deglutition; any unguarded attempt to swallow being followed by severe spasmodic contraction of the fauces, and rejection of the fluid through the nostrils. The face was greatly flushed, with severe headach, and high symptomatic fever.

Free venesection was employed, succeeded by an active emetic, a mercurial cathartic, salines and antimonials, rubefacient liniments to the throat, pediluvium, and, on the next day, the febrile symptoms being somewhat mitigated, a large blister was applied to the throat, while warm and soothing gargles, and the inhalation of steam, were used, followed by acid astringent gargles. These means had the effect of relieving the extreme irritability, tenderness, and in some degree the swelling of the fauces, but did not prevent suppuration, which was evidently established on the fourth day. The abscess in the left tonsil broke on the fifth day, and that in the right, which was less swelled, a day or two later. Great complaint was made of the extremely bad smell and bad taste of the discharge; and the relief obtained as to ease of swallowing, and the like, not being so great as is usual in such a case as this had appeared to be, the outside of the neck was carefully examined, and a small descending bag of matter was found situated in front of the thyroid cartilage, immediately beneath the skin. This was opened by the lancet, and a teaspoonful or more of extremely fetid, thin, ill-conditioned pus discharged. A probe, inserted through the opening, passed obliquely upwards and backwards towards the right tonsil, apparently just in the outside of the os hyoides. No blood was discharged except a few drops from the division of the skin. So fetid and penetrating was the odor of the pus, that it adhered to my fingers, though repeatedly washed, for several days, and to my gloves, which I put on, on my way homeward, for several weeks.

---

* The preceding ingenious method of operating for hare-lip, lately suggested itself to Dr. J. R. Barton, of Philadelphia, and he actually put it in practice, in September last, in the case of a boy in the Pennsylvania Hospital. Dr. Barton supposed the method to be original with himself.—Ed.

On the next day after this, the patient seemed to be better ; but early in the morning of the second day, her sister, who slept with her, observed her seemingly troubled with something in her throat, and was told, on inquiry, that some phlegm was there, which she wished to raise. Making an effort for this purpose, a small quantity was first raised and rejected ; then a mouthful or two more, tinged with blood; then clear fluid blood, which immediately after burst forth from the mouth and nostrils in as large a stream as they were capable of discharging, when the unfortunate girl sank back on the bed, with the blood still flowing copiously from her mouth, and died before an effort could be made to summon assistance out of the family.

Circumstances at the time prevented an examination, though I wished for one very much, as I was extremely at a loss to account for the hemorrhage—not supposing, at the time, that suppurative inflammation of the tonsils would destroy the arteries of the part where it took place. The young woman was fond of singing, and took a prominent place among the members of our village choir,—singing oftentimes with apparently great and painful exertion. It occurred to me at the time, among other suppositions, that some aneurism might have been formed, which burst at this time under the exertion above mentioned, or that the texture of the lungs yielded, having been weakened by undue exertion. It now seems most likely that the coats of the carotid, or of some large branch, must have been injured by the abnormal suppuration, and have given way. Some very large vessel must have been needed to supply the great discharge so instantaneously ensuing.—*Ib.*

III.

MEDICAL LITERATURE.—NO. II.

For the Boston Medical and Surgical Journal.

A BRIEF examination of some of the standard works—the Classics of Medicine—will serve to elucidate more fully the opinions we have expressed.

We will commence with Dr. Good. This author has written a work in five large volumes, which we cannot but think would be much more useful, were it condensed into two. He displays an immense deal of research, a vast deal of industry, and an abundance of learning. He goes deep into the history of each disease, gives us a sufficiently large number of conjectures upon its causes, remote and proximate, and upon all other matters connected with it. He writes in a good style, and with a pleasant manner. Yet for the student to wade through the five volumes, is an intolerable labor, and a waste of time that might be much better employed. On the other hand, it is liable to equal objections as a work of reference. We go to it in a hurry—are enabled, indeed, by the nosological arrangement, to turn at once to the disease we wish to find ; but the facts which we desire to know,—the diagnosis, the causes, or the usual method of treatment,—are entirely lost in the midst of opinions of Galen, Hippocrates, and Boerhaave; Hebrew, Greek, and Arabian derivations; the views taken of the disease in different countries, and the various hypotheses of writers of the present day. Instead of telling us the usual method of treatment, he tells us what the treatment ought not to be,—gives us an innumerable number of methods, and objections to all of them. If he recommend any one, we are sorry to say that it should be taken with some caution. Dr. Good, moreover, is rather credulous, and now and then tells us some pretty large stories. We would not, however, by any means, detract from the reputation of Dr. Good. It is certainly highly useful to know what have been the opinions of physicians of a former age, and what the various methods of practice have been and now are. Dr. G. deserves high honor, and the gratitude of the profession, for the labor and research which his "Study" manifests: but it does not appear to be exactly the work to put into the hands of students, or the one which we should prefer to lie on our tables for daily consultation. We think it more proper for the upper shelves of our libraries, by the side of Galen and Hippocrates. To the medical *scholar* it must be interesting, and also to the experienced physician; but for study and daily use, it is not so valuable.

All medical works are liable, in a greater or less degree, to these objections. We purposed to have considered some of the other medical classics, but our review of this one will answer our purpose. We admire the Nosological Arrangement of Dr. Good; for, though we doubt the practical utility of classifications, as respects the treatment of diseases, yet, for the convenience of study and reference, we believe them to be of the highest importance. We do not see the validity of the objections generally urged against them; for we do not think that any physician would be led to salivate for Phthisis, merely because it was placed in the same class and order with Syphilis, and both were considered diseases of the sanguineous function. If a physician should wish, at a period of leisure, to revive his medical knowledge, he will find it much more convenient to refer to a nosological table, and take up the diseases in the order in which they are there placed, than to read upon different diseases without order or method. By referring to a nosological table, also, he can, at any time, ascertain the extent of his own knowledge, and wherein his memory requires to be refreshed.

Method, brevity, perspicuity, above all, truth, should be the objects most carefully kept in view by a medical writer. Next to dishonesty or inaccuracy, a diffuse style is the greatest fault of a professional work. In all the sciences, but more particularly in medicine, "a great book is a great evil." The best example that at present occurs to us, of a medical style, is that of Dr. Gregory's Practice of Physic. The reader is astonished to find in how few words the author gives him all the information he desires upon any disease. His style is elegant and clear. He is always perfectly intelligible, and his instructions are highly practical. His work is not, indeed, perfectly complete; for several diseases are entirely omitted.

But there is one point we are most anxious to enforce. This is, that, in complete treatises,—treatises, we mean, that embrace the whole circle of diseases,—those should be treated most at large which the physician is most likely to be called upon to combat;—the student should have his attention particularly directed to the disease under the form in which it is observed, and to the manner in which it is most generally treated, in that country, and that part of the country, where the book is published. He should also be informed what are the diseases of most frequent occurrence at particular seasons of the year. If medical works are of any value, it is of the utmost importance that they should be adapted to the country they are written in. We do not think proper to have our property under the control of foreign laws, not adapted to our republican institutions;—is it not in a still higher degree preposterous, to regulate our bodily health by laws not adapted to our climate and habits?—There are, at present, very few medical works by American writers; and we do not think any great advantages are to be derived from the multiplication of books by individuals: it is but the multiplication of errors—unless, indeed, they be strictly practical works.

But publications of a Society, upon the principles I have mentioned, showing what is the practice of the present day, what are the diseases of their part of the country, and the method of treatment there pursued, would be of the highest value. It might be objected, that, by publishing such text books—by simplifying so much the Study of Medicine, we should be likely to have the practice of our profession taken out of our hands, and our patients become their own physicians. But we think there is no danger of this. Medicine, freed from all the rubbish of learning and verbiage, will still demand the study of a whole life.

A great improvement might be made in the republication of foreign works. Let a Society, as in the former case, appoint a jury, chosen from those of their number whose experience best qualifies them for the task, to pass judgment upon the works proposed to be republished. If this jury or committee do not think themselves at liberty to omit such parts of the work as are manifestly useless or erroneous, let them at least point out, in a preface or notes, what appear to them to be the errors of the author; somewhat after the manner that Dr. Rush has adopted, in his edition of the writings of Sydenham. The former course would be much the best,—to suppress altogether the parts which are not valuable; for why should a man waste his time in the study of what is useless, or much worse than useless? Works which contain a mixture of truth and error, unsettle the opinions of the student, and instil erroneous views, without his being at all aware. A student, or a young practitioner, is not qualified to judge of the respective merits of different theories and different methods of treatment. It is adviseable for him to follow the instructions he has received during his pupilage, for the first two or three years of his professional career; and until the end of this period, it would be better for him not to be perplexed by contradictory instructions. After a short period of practice, he will be qualified to judge whether there are errors in the theories and modes of treatment of his professional brethren; and then, by comparing these with those of other writers, he will be able, perhaps, to improve upon the practice of his time.

The course we have proposed could not, probably, be adopted with regard to all republications; but it might with as large a number as would give us a sufficient quantity of standard works. The same method should be pursued with regard to American works. Should physicians generally adopt the practice of keeping case-books, the Society, or their committee, might select, from all that were given them, the most valuable, for publication.

We believe that the custom of keeping case-books is becoming more common than formerly. The duty which every man owes to his profession, to advance it to the utmost that is in his power, ought to render it universal. It is not right that a man, after acquiring a vast stock of information, from a long life spent in practical duties and the possession of extensive opportunities, should go out of the world and leave nothing of all his knowledge behind him. The desire of leaving behind some memento of our existence, one would think should be quite sufficient to induce us to do this; which is, after all, no very arduous task. But, in order to make a truly valuable legacy to society, the physician should keep an honest record of his errors, as well as of his successful practice.

We think no one can deny the great advantages which would result from the course we have suggested; as it would give us standard works on each branch of Medical Science, which would be stamped by the authority of the best practitioners in the part of the country where they were published. Nor does it appear to us that the task proposed would be too arduous.

Z.

IV.

PECULIARITY IN THE ORGAN OF TASTE.

The writer of the letter on Blackness of the Tongue, contained in our last number, has politely forwarded us the following

Additional Remarks.

What has been said of alarms which may arise from *black* appearances in suspicious parts of the human system, may be paralleled, perhaps, by a peculiarity in the organ of *taste*, which probably admits of as easy an interpretation.

The writer of this having had a little gout upon him, which accident had increased, resolved to employ corroborants, with exercise, as part of his cure. The family pump yielding chalybeate water, and being otherwise unpleasant to him, he had adopted, for his own personal use, the water of an adjoining running spring; which was employed for his coffee, for his milk (or cream) and water, his wine and water, his water used as common beverage, and in other forms. But, to his surprise, about this period, and *for two mornings*, the taste of this selected water, *taken alone*, seemed unpleasant to him, and as if blood had been mixed in it. This lasted, as has been said, *for two mornings;* and it then vanished. —No other explanation has offered itself than this:—During the relaxed state of the system, some *red* particles of blood may have entered into a portion of the bloodvessels of the tongue—not used to receive such red particles—and the water, being at hand, become contaminated by them. But tincture of bark, which had begun to be taken at this time, had so rapidly invigorated the system, that soon no more red particles of blood were found wandering out of their places, and the contaminated taste of the water ceased, of course.

It is for others to judge whether this may not be a *new* case where an *apparent difficulty receives an easy solution*, so as to prevent too hasty fears.

V.

NEW METHOD OF TREATING FRACTURES OF THE LOWER EXTREMITIES.

To the Editor of the Boston Med. and Surg. Journal.

Sir,—Should the subjoined communication, relative to a new method of treating fractures of the lower extremities, be thought worthy a place in your Journal, you will please insert it as soon as convenient. S. W. G.

The treatment of oblique fractures of the lower extremities, on any plan hitherto proposed, has been found radically defective, both as it respects universal success, and, more particularly, as regards the comfort and ease of the patient. It is believed that at the present day few, if any, practical and intelligent surgeons can be found, either in this country or in Europe, who would not prefer the flexed position of the limb, in the treatment of fractures of the lower extremities, to the straight one, provided any plan were devised as perfectly to confine the limb in the former as in the latter method. For what surgeon would not flex a limb to reduce a dislocation of a joint surrounded with large muscles; and who will deny that the same principles operate in the same way, in the case of fractures, or that a much greater force of extension is required to confine an oblique fracture of the os femoris, while the muscles are rendered rigid by the straight position, than when relaxed by a moderately flexed one?* Admitting the correctness of this principle, what apparatus has there been hitherto, in the hands of surgeons, to answer its intentions? The inconvenience, if not total inability, of making a sufficient degree of extension, has occasioned the almost entire disuse of the method of Charles Bell, and others of a similar kind. Mr. Amesbury, of London, has recently proposed an apparatus, of some complexity, to answer the desired intention; but that his invention is defective in some important particulars, I think is obvious. In the first place, the joint of the apparatus, back of the knee, does not correspond with the knee joint; consequently, changing the position of the limb or apparatus, will alter the relative length of the two. The difference will be, between an extreme flexed and straight position in a limb, of ordinary size, from one inch and a half to two inches. I believe practical men will generally disapprove of his choice of a position for counter-extension, as one likely to produce much irritation, and requiring much watchfulness to prevent the apparatus from riding over the tuberosity of the ischium ; and consequently procuring a displacement of the fracture.

---

* The able remarks contained in Cooper's Surgery, under the head of Fractures, in favor of a flexed position in the treatment of injuries of this nature, are strongly recommended to the consideration of those who are advocates for such modes of dressing as confine the limb in a straight position.

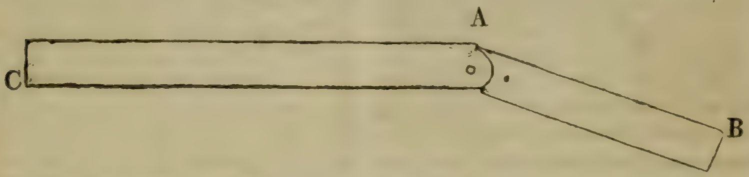
To unite the advantages of the French and English methods of practice, by making permanent extension, and at the same time preserving the flexed position, with a surety of success, and affording ease and comfort to the patient, the following plan is proposed, as the result of practical observation, with the hope that it may be found worthy a place with the many improvements of modern surgery.

The accompanying drawing represents the apparatus as differing from Desault's and the long splint of Dr. Physick, 1st, by having a circular joint at the knee, admitting a flexure of the limb, and at the same time preserving the same degree of extension ; 2d, by using, when required to assist counter-extension, a short crutch, extending from the axilla to the pelvis. The advantages of the joint in the apparatus at the knee, corresponding with the joint of the limb, will readily be perceived. While the limb receives all necessary support, this method allows of a proper degree of flexure to relax the muscles, and admits of as great a degree of extension as can be made by Desault's apparatus. Believing it to be unnecessary to confine the patient to the bed, in most cases, except during the acute stage of the inflammation consequent to the injury, the short crutch is thought to be an improvement on the long splint of Dr. Physick, as it may be used equally well with the long splint, while the patient is in a recumbent position, to assist counter-extension, and may be removed whenever he wishes to sit up. I consider this, or the continued splint of Dr. Physick, of essential service in the case of oblique fractures near the upper portion of the os femoris.

Respectfully submitted, by your obedient servant,

SAM'L W. GOLD.

Goshen, Ct., Feb. 23, 1831.



A, the joint at the knee, which is made circular. A plate of iron, the width of the splint, is secured in the lower portion by three copper rivets, and to the upper one by a pivot through the centre of the circle. The plate of iron is secured in the lower portion, in the same way that a saw plate is to the handle.

B, the lower end of the splint.

The whole apparatus, as recommended to be used in simple fractures of the os femoris, consists of—

1st. A piece of moistened pasteboard, to embrace the limb from the perineum to the patella.

2d. A bandage of strips applied the whole length of the limb.

3d. A buckskin gaiter, or a handkerchief, applied round the ankle.

4th. Four short splints made of light wood, hollowed ; one to be fitted to the backside and another to the front part of the thigh ; the remaining two, one to the back and the other to the front part of the leg. On the front and back part of the limb, light bolsters, made of three or four folds of soft flannel, extending the whole length of the limb, should be applied between the short splints and the limb.

5th. Two long bolsters, extending the whole length of the long splints.

6th. Two long splints ; one on the inside of the limb, extending from near the perineum to the bottom of the foot,—the other, from the spine of the ileum to a distance of five or six inches below the foot. Both of these splints are furnished with a joint at the knee, which corresponds, in its flexure, with that of the knee joint. At the lower end of the longest splint is a piece of iron, turned at a right angle, with an aperture and screw, to make extension. The iron is made to slide on to the end of the splint, and is retained by a light fixture, so as to be easily changed from a right to a left limb, when necessary. The screw has, at the end, towards the bottom of the foot, a small eye, to receive a strap for the purpose of extension, and a nut at the other end, so constructed as to be easily turned with the thumb and finger. The upper end of the long splint may be secured to the belt around the pelvis as directed by Desault ; or, which is preferred, by two ligatures passed through the belt, and two apertures at the upper end of the splint, and thus confining it on the outside of the belt.

7th. A bandage or belt, about five or six inches wide, to be secured around the pelvis, having two straps passing from the hinder to the fore part, for the purpose of counter-extension.

8th. A short crutch, to extend from the axilla to the ligatures which confine the upper end of the splint. Where the fracture is situated in the lower portion of the femur, and where muscular resistance is not strong, this part of the apparatus may be dispensed with altogether.

9th. A junk cloth, to fold around the long splints, extending from the perineum to near the heel.

10th. Seven or eight tapes, to confine the splints.

VI.

OVERSHOES FOR CHILDREN.

To the Editor of the Boston Med. and Surg. Journal.

Sir,—It is a subject of regret that there is so great a demand, in this part of the country, for children's India-rubbers ; and as your Journal is probably taken by every physician in New England of any distinction, I am desirous of enlisting, through its pages, their influence against so pernicious a custom. Are not parents sensible that they cannot well do their children a greater unkindness, than thus cautiously to protect their feet from external dampness, and parboil them in perspiration ? The feet of children should be well bathed in the coldest water every morning throughout the year, and they should then be protected by nothing thicker, warmer, or more impervious to water, than leather shoes. If, in wet weather, the soles of these shoes are soaked through, no injury can come of it, if the child have never been made tender and susceptible of cold by the practice I feel it a duty to discourage. On the contrary, he will run and sport about more briskly, and lay the foundation of a firmer constitution, and more vigorous and uniform good health.

I have noticed several families of children whose feet are thus habitually guarded, and find them looking puny and pale, kept at home from school oftener by colds, than other children by bad walking, and in sickness offering much less resistance to disease than those whose systems have been fortified by more hardy management. Let a child, after three or four years of age, be accustomed to reasonable exposure of every kind, and exercise as much as he will, and he will be better and happier in his early years, and grow up with a vigor of health and elasticity of mind which I have seldom seen surmounting a pair of children's India-rubbers.

Yours, most respectfully,
THE CHILDREN'S FRIEND.

MEDICAL JOURNAL.

BOSTON, MARCH 15, 1831.

PHYSIOLOGY OF RESPIRATION.

WE mentioned, in our last number, some researches of Dr. Christison, of Edinburgh, which go to prove, in opposition to the views entertained by Dr. Davy, that certain mutual actions take place between venous blood and atmospheric air out of the body, by which both become altered in their sensible and chemical characters; the former changing its color to a brighter red, and the latter, while it diminishes in volume, presenting a difference in the proportion of its constituents. We avoided, at that time, touching on the question as to the precise nature of the changes induced, and of the actions which gave rise to them; reserving these topics for separate consideration. As, however, Dr. Christison extended his inquiries to these points, and as we have accounts of similar researches, within a few months, by several eminent chemists, we deem the opportunity a fortunate one for inquiring what approaches have been made to any positive results in this intricate subject.

By examining the ingenious experiment of Dr. C., it will appear, that although the volume of the air acted on by the blood was diminished, the amount of carbonic acid gas contained in it was slightly augmented. Now, according to Dr. C., this acid was always formed at the expense of the oxygen of the original air. This, he says, appeared from the fact that its volume was either less than, or precisely equal to, that of the oxygen in the original air, diminished by that contained in the residual air, and also by the amount of absorption; which last indicated the quantity of acid which, after being formed, was absorbed by the serum of the blood. To understand this calculation, it is necessary to keep in mind that oxygen, in passing into the state of carbonic acid, suffers no change of bulk; and that the carbon it receives merely augments its specific gravity. Supposing this calculation exact, it proves only that, in place of the oxygen which had disappeared, a somewhat smaller bulk of carbonic acid was furnished to the air; and that the difference between these two amounts was absorbed, or disappeared. This fact is reconcileable with very different theories, and entirely so with that which we shall presently mention. As the blood was not analyzed, the assumption that the gas absorbed by it was carbonic acid, must be regarded, so far as this experiment was concerned, as entirely gratuitous.

According to the doctrine of La Grange, which is a modification of the theory of Lavoisier, oxygen gas is absorbed *in substance* by the blood in the lungs, and does not unite with carbon, to form carbonic acid, until this fluid has arrived at the capillary vessels. An objection to this view has been lately made by a French chemist, M. de Martigny, which makes it necessary to modify it. It is that no oxygen, as such, exists in the arterial blood. Having filled a tube 36 inches long with mercury, and reversed it so as to produce a barometric vacuum, he admitted into it about an inch of arterial blood, and left the apparatus at rest. At the end of an hour and a half, the mercury having descended considerably, the gas which had been developed was transferred into a graduated tube, and acted on by caustic potass. The whole of it was entirely absorbed, and consequently consisted of carbonic acid only.

The oxygen, therefore, which is taken up by the blood in its passage through the lungs, forms with it a union strictly chemical; one of the results of which, as respects the blood, is the change of its color to a brighter red. It has been supposed, and indeed was the most obvious explanation of the phenomena, that the gas united with the carbon of the lungs, and was at once given off as carbonic acid. This, however, as appears from other experiments, cannot be the case. Girtanner and Edwards have found that a frog, confined in hydrogen alone, gave off more than its bulk of carbonic acid in the course of a few hours. Other experiments performed by M. de Martigny, with the view of avoiding all source of fallacy, led to a similar conclusion. In these experiments, azote was substituted for hydrogen, and was renewed every two hours. For nine hours, carbonic acid was given out in considerable quantity, after which it rapidly diminished. There seemed, therefore, no reason to doubt that, for the greatest part of this period, the gas was derived solely from the blood in the lungs. It would follow, then, that the carbonic acid given off during respiration, is not formed in the lungs by the union of oxygen with the carbon of the venous blood, in its passage through the pulmonary circulation, but arrives with the venous blood in the lungs ready formed. The union of its elements must therefore take place in the capillaries; and as it is there that the color of the blood is changed, it would seem a natural inference that the oxgen is withdrawn from the coloring matter to unite with the carbon.

That free carbonic acid exists in the blood, whether venous or arterial, is a fact which was ascertained by Boyle, near two centuries ago; and Mr. Brande has remarked, that the blood of animals, when placed under the airpump, parts with the gas in such quantities as to present the appearance of effervescence. This philosopher concluded that the proportion given out by venous and arterial blood was nearly the same, each amounting, under the circumstances mentioned, to two cubic inches for every ounce of blood. M. de Martigny found that when each was collected directly from the bloodvessel in a barometric vacuum, venous blood almost always gave out twice, and, on one occasion, thrice, as much gas as the arterial. The difference between the two, in a given case, must obviously represent the amount given off by the blood in passing through the lungs.

Another point of some interest in regard to respiration is, whether all the oxygen which disappears is accounted for by the amount of carbonic acid exhaled. According to the experiments of Allen and Pepys, the amount of the two does not materially differ. Edwards found that a certain amount of oxygen was absorbed, and the experiments of M. de Martigny confirm this result. The quantity, however, appears to have varied exceedingly, being, in some cases, more than the carbonic acid produced, and, in others, not more than a tenth of this amount. A similar variety was observed by Dr. Christison, in his experiments with blood drawn from the body. The extremes, in his trials, were about one-third of an inch, and one inch and an eighth, for ten inches of blood deprived of its fibrin. Dr. C., indeed, attributes the diminished bulk of the air, in these cases, to the absorption of carbonic acid; a supposition for which he adduces no direct proof, and which, from other considerations, seems very improbable. If the carbonic acid contained in the blood should be sufficiently elastic to overcome the pressure of the atmosphere, and extricate itself under a barometric vacuum, it would seem unaccountable, that, under the circumstances mentioned by Dr. Christison, this gas should again quit the atmosphere to unite with the blood. With respect to the cause of the variety in the amount of absorption, in different experiments, it is thought, by Dr. C., to be owing to the different degrees of venosity acquired by the blood, and to be materially influenced by the rapidity of the circulation. It is difficult to conceive that any effect, produced in this way, should not extend to the amount of carbonic acid exhaled; and therefore the main question, as to the cause of the difference in the proportion of the two to each other, remains still unanswered. It is a curious fact, however, which has been repeatedly noticed, that the deepness of the color of the blood drawn in bleeding, varies greatly under different circumstances; it being sometimes so highly florid, that if any motion is communicated from a neighboring artery, the inexperienced operator might suppose that he had actually opened the artery; an impression which, while it continues, is by no means agreeable. Dr. Christison thinks that, under these circumstances, the vein has sometimes an actual pulsation derived from the heart. This idea has been suggested by others; but it seems very improbable in itself, and hardly necessary to explain the phenomenon in question.

The quantity of carbonic acid given out by the lungs, in healthy respiration, is also subject to variations which it is difficult to explain. Allen and Pepys have stated the carbonic acid of air, once respired, at about 8 per cent. Dr. Prout found it to vary from 3.3 to 4.1, and to be diminished by the use of fermented liquors. Dr. Apjohn, of Dublin, who lately repeated the experiment on himself, found the quantity to vary from 2.1 to 4.5 ; and Mr. Grimshaw, of the same place, found that in two of his own expirations, separated only by an interval of ten minutes, the proportion varied from 2.9 to 4.2. These gentlemen did not remark that vinous drinks exerted any perceptible influence.

With respect to the part which azote performs in respiration, considerable difference of opinion seems still to prevail. Dr. Edwards came to the conclusion that azote is sometimes absorbed, and sometimes given off, according to the season of the year. M. de Martigny has found, from trials made at different seasons, that a certain amount of azote is always given off.

Of the remaining topics pertaining to this interesting process, the most important, perhaps, is its connection with the production of animal heat. Into this branch of the subject, however, we do not, at present, propose to enter ; especially as we observe that some new researches on this point, by the distinguished French chemist above mentioned, are shortly to be communicated. Should the account of these be found to contain any important facts, we shall not fail to submit them to the attention of our readers.

THE ANATOMY BILL.

The subjoined is the Anatomy Bill as it has passed through all its stages in both branches of the Legislature of this State, and received the signature of the Governor. As it is now the law of the land, we have thought that the profession would desire to possess a correct copy, which they have below.

Commonwealth of Massachusetts. In the Year of our Lord One Thousand Eight Hundred and Thirty-one.

An Act more effectually to protect the Sepulchres of the Dead, and to legalize the Study of Anatomy in certain Cases.

Sect. 1. *Be it enacted by the Senate and House of Representatives, in General Court assembled, and by the authority of the same,* That if any person, not being authorized by the Board of Health, Overseers of the Poor, or Selectmen, in any town of this Commonwealth, or by the Directors of the House of Industry, Overseers of the Poor, or Mayor and Aldermen, of the City of Boston, in said Commonwealth, shall knowingly or wilfully dig up, remove or convey away, or aid and assist in digging up, removing or conveying away, any human body, or the remains thereof,—such person or persons so offending, on conviction of such offence in the Supreme Judicial Court of this Commonwealth, shall be adjudged guilty of felony, and shall be punished by solitary imprisonment for a term not exceeding ten days, and by confinement afterwards to hard labor for a term not exceeding one year ; or shall be punished by a fine not exceeding two thousand dollars to enure to the benefit of the Commonwealth, and by imprisonment in the common jail for a term not exceeding two years at the discretion of the Court, according to the nature and aggravation of the offence.

Sect. 2. *Be it further enacted*, That if any person shall be in any way, either before or after the fact, accessary to the commission, by any person or persons, of the offence described in the first section of this act, such person or persons shall be adjudged and taken to be principals, and shall be, on conviction in the Court aforesaid, subject to the same punishments and forfeitures as are in said first section provided.

Sect. 3. *Be it further enacted*, That from and after the passing of this act, it shall be lawful for the Board of Health, Overseers of the Poor, and Selectmen, of any town in this Commonwealth, and for the Directors of the House of Industry, Overseers of the Poor, and Mayor and Aldermen, of the City of Boston, in said Commonwealth, to surrender the dead bodies of such persons, except town paupers, as may be required to be buried at the public expense, to any regular physician, duly licensed according to the Laws of this Commonwealth—to be by said physician used for the advancement of anatomical science; preference being always given to the Medical Schools that now are or hereafter may be by law established in this Commonwealth, during such portions of the year as *such* schools, or either of them, may require subjects for the instruction of Medical Students:—*Provided always*, That no such dead body shall in any case be so surrendered, if, within thirty-six hours from the time of its death, any one or more persons, claiming to be kin, friend or acquaintance to the deceased, shall require to have said body inhumed; or, if it be made to appear to the Selectmen or Overseers of the Poor of any town in this Commonwealth, or to the Mayor and Aldermen or Overseers of the Poor of the City of Boston, that such dead body is the remains of a stranger or traveller, who suddenly died before making known who or whence he was: but said dead body shall be inhumed, and, when so inhumed, any person disinterring the same for purposes of dissection, or being accessary, as is described in the second section of this act, to such exhumation, shall be liable to the punishments and forfeitures in this act respectively provided:—*And provided further*, That every physician so receiving any such dead body, before it be lawful to deliver him the same, shall in each case give to the Mayor and Aldermen of the City of Boston, or to the Selectmen of any town of this Commonwealth, as each case may require, good and sufficient bond or bonds, that each body by him so received, shall be used only for the promotion of anatomical science; that it shall be used for such purposes only in this Commonwealth, and so as in no event to outrage the public feeling; and that, after having been so used, the remains thereof shall be decently inhumed.

Sect. 4. *Be it further enacted*, That from and after the passing of this act, it shall be lawful for any physician, duly licensed according to the Laws of this Commonwealth, or for any medical student under the authority of any such physician, to have in his possession, to use and employ, human dead bodies, or the parts thereof, for purposes of anatomical inquiry or instruction.

Sect. 5. *Be it further enacted*, That nothing in this act shall be so construed, as to give to the Board of Health, Overseers of the Poor, or Selectmen, of any town in this Commonwealth, or to the Directors of the House of Industry, Overseers of the Poor, or Mayor and Aldermen, of the City of Boston, in said Commonwealth, any power to license the digging up of any dead human body, or the remains thereof, other than was possessed by them before the passing of this act, or is given them by the third section of this act.

Sect. 6. *Be it further enacted*, That the Act passed March 2, 1815, entitled "An Act to protect the Sepulchres of the Dead," and also all other Acts, or parts of Acts, contravening the provisions of this Act, be and the same hereby are repealed.

Approved by the Governor, Feb. 28.

Effects of Mercury—Taliacotian Operation.—A case is recorded in a late periodical, in which extensive exfoliations of the bones of the palate and nose succeeded the free use of mercury. The patient had never had syphilis.—In this and two other cases, the columna nasi was restored, by Mr. Liston, by a strip of the upper lip, cut quite through and turned up. In his account of the operation, Mr. L. observes that the lateral slip, destined to form the new columna, should not be twisted round so as to present its cutaneous surface externally, but merely elevated and affixed to the point of the nose. By twisting, the chance of success is diminished, and if the part does adhere, it is thick and clumsy. The mucous membrane forming the inferior surface of the columna, retains some of its characters for a few weeks, but gradually assumes a cuticular appearance. For some time after the operation, on tickling or compressing it, the sensation is referred to the inside of the mouth. Though it might be supposed that, in a male adult, the beard on the inner surface of the new columna would prove a source of irritation, this is not the case; the hairs lose their stiff and bristly character, not being cropped frequently as before, and being constantly moistened by the mucous secretion of the nostrils. In fact, they come to resemble those hairs that grow naturally from the parts.

In the above cases, the incisions always adhered by the first intention; and I should think that if proper care be taken to place and preserve the raw surfaces in accurate contact, adhesions will always occur, little or no mark remaining. Indeed, the appearance of the upper lip will always be benefited by the operation, for when the columna is lost, the lip becomes elongated and tumid at its centre; and by a narrow slip being removed from it, this defect is obviated, whilst the cicatrix, from being in the situation of the natural depression, is scarcely observable.

In the after-treatment, it is necessary to keep the alæ tense by dossils of lint, in order to assist the columna, not yet sufficiently consolidated, in supporting the parts in their natural situation; and when the columna itself becomes tumid, a compress and bandage should be neatly applied over it.

When the cartilaginous septum is destroyed, as is generally the case, of course an aperture remains between the new columna and the osseous septum, but that is not perceived unless on close examination, and does not annoy the patient.

In a recent number of the Journal Hebdomadaire, a case is recorded, in which attempts had been made to restore a lost columna, first by M. Dupuytren, of Paris, and afterwards by M. Gensoul, of Lyons. The operation failed, and the nose became approximated to the lip. M. Dupuytren raised a *flap of integument* from the lip, and adapted it to the nose, after having *twisted it round.* Had he formed his columna from the *whole thickness of the lip*, there would have been no necessity for *twisting* it, and in all probability the operation would have proved successful.

Six cases of Smallpox were sent to the Island from this city, on Friday last.

Whole number of deaths in Boston the week ending March 5th, 23. Males, 5—Females, 18.

Of consumption, 5; rheumatism, 2; quinsey, 1; inflammation on lungs, 1; dropsy on brain, 1; infantile, 3; spleen, 1; lung fever, 2; croup, 2; old age, 2; fever, 1; delirium tremens, 1; unknown, 1.

ADVERTISEMENTS.

BOYLSTON MEDICAL PRIZE QUESTIONS. The Boylston Medical Committee of Harvard University hereby give notice, that in consequence of the death of their late Chairman, Thomas Welsh, M. D. the Dissertations for the present year must be forwarded, post paid, to John C. Warren, M. D. Boston, on or before the first Wednesday of April next. GEORGE HAYWARD, Secretary.

Boston, March 3d, 1831. March 8. 2w.

NOTICE. Those gentlemen who are yet indebted for the 1st vol. of the Med. and Surg. Journal, from Feb., 1828, to Feb., 1829, are hereby notified, that, after four weeks, the Proprietors of that Volume have authorized Mr. S. Smith to collect all that is due to them for it; and the present Proprietor respectfully requests that those indebted to him for the Medical Intelligencer, and the 2d and 3d vols. of the Med. and Surg. Journal, will forward all arrears. JOHN COTTON.

The subscribers above mentioned for said 1st vol., are hereby requested to remit payment for the same to the subscriber, at the office of the Boston Daily Advertiser.

SAMUEL SMITH, Agent for said Proprietors.

March 1, 1831.

COPARTNERSHIP NOTICE. The subscribers have formed a connexion in business as CHEMISTS, DRUGGISTS & APOTHECARIES, at Apothecaries' Hall, No 188 Washington Street, opposite Marlboro' Hotel, under the firm of JARVIS & PEIRSON.

NATHAN JARVIS.
GEORGE W. PEIRSON.

EUROPEAN LEECHES.

J. & P. have a few fine European Leeches—to the application of which, when directed by Physicians, they will attend without any additional charge.

Feb. 8.

WILLIAMS ON DISEASES OF THE CHEST. This day received, by CARTER & HENDEE, " A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By CHARLES J. B. WILLIAMS. Dec. 6.

BECLARD'S GENERAL ANATOMY. CARTER, HE DEE & BABCOCK have this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. BECLARD, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By OLIVIER, M.D. Translated from the French, with Notes. By JOSEPH TOGNO, M.D., Member of the Philadelphia Medical Society. Dec. 28.

SURGICAL INSTRUMENTS AND CHEMICALS. Students in want of the above articles, would do well to call, before purchasing, at BRE ER & BROTHERS', Nos. 90 and 92 Washington Street—Boston. Oct. 15. ep3m

---

ABERCROMBIE ON DISEASES OF THE STOMACH. Just received by CARTER & HENDEE—Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen. By JOHN ABERCROMBIE, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c., and first Physician to his Majesty in Scotland. Sept. 28.

SURGEON DENTIST'S MANUAL. Just received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. WAITE, Member of the Royal College of Surgeons. Nov. 2.

Published weekly, by JOHN COTTON, at 184 Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid.*—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for common newspapers.

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, MARCH 22, 1831. [NO. 6.

I.

OBSERVATIONS ON THAT PECULIAR CHANGE OF COLOR WHICH VENOUS BLOOD UNDERGOES DURING APPROACHING SYNCOPE.

By Walter Dick.

"Gaudeo discere aliquid, ut doceam; nec ulla re me delectabit, licet sit eximia et salutaris, nisi possim impestire aliis."—Seneca.

The notable change of color of the blood flowing from the vein of a person in health and vigor, when approaching to syncope, has long been observed. While dresser in the Glasgow Royal Infirmary, I had often remarked it, but was not particularly struck with it till lately, when a man with unreduced dislocation upwards of the thigh bone, of long standing, was admitted into that Institution. A consultation was held on the case, when it was agreed that an attempt at reduction should be made. Before proceeding to the attempt, in order to induce syncope, or at least great muscular relaxation, the patient had 30 minims of the tinct. nicotin. tobac. administered to him, was put into the hot bath, and bled to the extent of between 30 and 40 oz. while in the bath. Before the termination of the bleeding, the phenomenon mentioned above was observed in its most remarkable form. The blood, which was before of a dark hue, or venous, now assumed all the physical properties and appearance of arterial blood.

As I have said above, no attempt has been made, so far as my knowledge goes, to explain the singular transition just described. I am induced, therefore, to offer the following observations upon the subject.

Before going farther, I think it proper to state, what I believe is universally acceded to, that, for secretion and the performance of all the other animal functions, the nerves are necessary. The researches and experiments of Brodie, too, prove to my mind their instrumentality in the generation of animal heat. Now, it appears to me that the change of color, above alluded to, is effected by the action of the sensorium being impaired; in other words, by the nervous energy being diminished and annihilated almost during the prelude to syncope. In this state, preliminary to what has been emphatically and well styled the "*imago mortis*," all the functions flag, everything proclaims to us the diminution of nervous influence. In this state I conceive little or no change is effected on the blood by the nerves; little animal heat is evolved from the suspension almost of nervous secretion or energy. In short, the blood now runs through the arteries, undergoing but little change there, enters the veins, traverses them with as little, apparently, till complete syncope supervenes to put an end to the scene. This, to my mind, satisfactorily enough accounts for the change. In this view, I think, I am borne out, by the fact that the above-mentioned change never happens, and I believe never can happen, when fainting comes on all of a sudden, without any previous depression of the vital and animal powers.

This then is the theory I am inclined to adopt on the subject. I am not so sanguine, however, as to hope that it may not share the fate of some others, "which have had their partisans for the day, and have passed in succession through the ordeal of experience into oblivion." Should it have a better fate, I shall experience the satisfaction described by the poet :

> "Felix qui potuit rerum cognoscere causas."

Before concluding, I would humbly beg to state, that the fact ought (waving all theory) to be more widely promulgated. Were it more generally known, it would undoubtedly tend to dispel those false alarms so apt to arise in the unknowing mind on first beholding it. I hesitate but little in saying, that this phenomenon has been attributed, in more cases than one, to the opening of the subjacent artery ; and I am inclined to believe, that, in not a few, has the healing up of a punctured vein, or a wound in venesection, been triumphantly cited in the pages of journals and of lectures as a favorable, successful, and speedy cure, by compression of an artery supposed to be wounded, merely because the change above alluded to supervened. This I believe to have been the case in an instance of the kind which has appeared very lately in one of the London periodicals.

Glasgow Med. Journ.

II.

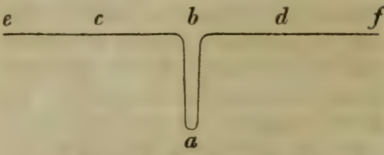
REMARKS ON A CONTRIVANCE FOR DRAINING THE THORAX OF LIQUIDS, EXCLUDING AT THE SAME TIME THE ADMISSION OF AIR.

By Samuel A. Cartwright, M.D., of Natchez.

The fact that liquids can be conducted out of the thorax by a contrivance impervious to air, is new in surgery, and may be found important in the treatment of many cases of wounds of the lungs, empyema and dropsy.

By a letter now before me, from Dr. J. M. B. Thompson, of Louisiana, I am informed, that in three cases of hydrothorax he conducted the water out of the cavity of the chest, prevented at the same time the ingress of air, and cured his patients speedily and effectually.

A flexible metallic rod, or piece of wire, about the thickness of a common probe, and eight or ten inches in length, should be bent in the middle, so as to form a duplicature, as here represented.



The double part of the wire, *a b*, is introduced through a small incision made into the chest. The parts of the wire *c d*, lie close on the integuments of the thorax. Adhesive strips are applied over the wound and wire, to prevent the admission of air. A small part of the extremities of the wire, *e f*, should be left uncovered by the strips. The duplicature of the wire, *a b*, should be of no greater length than barely to reach the cavity of the thorax, without penetrating within that cavity. Any liquid which may become extravasated within the cavity of that side of the chest to which this instrument is applied, will pass along the wire *a b c*, and *a b d*, and make its exit drop by drop at the extremities of the wire, *e f*.

The atmospheric air will be entirely prevented from entering the cavity of the thorax by the adhesive strips. Nor will the strips covering the wire prevent the effused fluid from passing along the surface of the wire under the adhesive plaster, and dropping out at its extremities. I state this fact on the authority of Dr. Thompson. The lung, on the side to which the instrument is applied, being unoppressed by water within, or atmospheric pressure from without, continues to contract and expand; during the period a constant aqueous discharge is kept up from the cavity of the thorax. For the wire conducting off the hydropic fluid as fast as it is effused within the bag of the pleura, the oppression to respiration, from the accumulation of water, is thereby prevented. The resilience of the lung being thus preserved, greatly facilitates the cure, by placing the system in a favorable condition to be benefited by medicines.

In the event of both bags of the pleura containing water, pus, or blood, I see no reason why the operation of paracentesis thoracis should not be performed on one side, the fluid evacuated, and (if there be a probability of its re-accumulation) the instrument under consideration applied, and the wound made air-tight by the adhesive plaster; and a similar operation could forthwith be resorted to on the other side. Thus, as fast as the fluid might be poured out within the thoracic cavities, the wires would conduct it out—the free play of the lungs being thereby preserved, the arterialization of the blood would continue to take place, and to render the system more capable of enduring the original affection, on which the preternatural effusion might depend. In cases applicable to the contrivance here suggested to the profession for consideration, it has been the practice to resort to repeated operations, to leave a *canula* in the wound, or to abandon them as incurable. Repeated tappings afford only temporary benefit, while the tendency to re-accumulation continues; and the cannula, by admitting the external air within the cavity of the thorax, collapses the lung, and suspends its important function.

Am. Journ. Med. Sc.

III.

CASE OF PERTUSSIS IMMEDIATELY ARRESTED BY THE USE OF BELLADONNA AND HYDROCYANIC ACID, AS USED BY DR. KAHLEISS.

By William W. Valk, M.D., of Providence, R. I.

In the eleventh number of this Journal, p. 238, we are informed that a combination of "belladonna, ipecacuanha, and sulphur, had been employed by Dr. Kahleiss, with the greatest success, in *one hundred cases* of pertussis."

To satisfy myself with regard to this statement, and to test the virtue of these remedial agents, I resolved to give them a trial in the *first* case that offered. I was left in the dark, however, as to the *proper time* of commencing the treatment, and in this respect had to depend upon my own judgment. It affords me pleasure, however, to state, that in the only trial I have made of the treatment recommended by Dr. K., it has proved speedily successful.

About three weeks ago, my infant son (near seven months old) became troubled with a cough, which appeared to be the effect of having taken cold ; I remarked, however, that he *only coughed while asleep*, not being *at all* affected when awake. This state lasted for near twelve days, unaccompanied with the *least* obstruction in respiration, or having any symptom of tracheal or bronchial secretion. At this time the cough became more troublesome, was attended with copious mucous secretion, occurred at regular intervals of time, and had the *peculiar sonorous sound in inspiration*, which has given to the disease its characteristic name. I treated it at first as a common catarrh, and after the accession of symptoms denoting the change already mentioned, an occasional emetic was given to throw off the accumulation of mucus in the air-passages, which was invariably swallowed during the fits of coughing. No other plan was pursued for several days, and the fits of coughing becoming more distressing, but yet unattended with "pulmonary congestion," I resolved to try the "belladonna, &c.," and accordingly prepared the following formula :—1. R. Pulv. rad. belladon. gr. 1 1-4 ; pulv. Doveri, gr. 2 1-2 ; sulph. præcip. ℈j. ; sacch. alb. ℈ij. M. div. in chart. 20.—One powder every three hours, and between each dose twelve drops of the following :—2. R. Aqua chamomile, ℥ss. ; syrupi simplex, ʒij. ; acid pruss. 6 drops. M.—These prescriptions are less in proportion than those of Dr. K., as his are for a child two years old, and nearly *four times* the above quantity for the first formulæ, and *twice* as much for the second. For *three* days, these medicines were given with *care* and *regularity*, when the relief afforded being sufficiently evident, they were omitted (on the 11th Nov.), and from that time to the present (18th), the child has continued perfectly well.

The effects of these remedies were speedily manifested (in thirty-six hours), and I have every reason to believe that they will prove of singular efficacy in *cutting short* the progress of this distressing disease. "If the opinion prevail, that hooping cough *will* have a definite duration, all exertions to abridge its career will be paralyzed, and the poor suffering infants and children will be deprived of even the *moderate* aid it is now in our power to give." "As regards ourselves, we are decidedly of opinion, that its duration may as certainly be *shortened* as the march of fever." Such is the opinion of Dr. Dewees, and I am fully satisfied of its correctness, being convinced that in the instance now given, I put a *complete stop to the progress of the disease*, and that too in a very short space of time. The absence of fever and inflammatory symptoms not being sufficiently obvious, prevented my using any other remedial means than those mentioned. In conclusion, I may be permitted to recommend a trial of Dr. Kahleiss's treatment, for I believe it will be found eminently serviceable ; and although I have but this *one* case to offer, it is at least of so much interest to the profession, as to warrant an adoption of the practice. The "efflorescence and dilatation of the pupil," mentioned by the doctor as happening in some cases after the employment of these remedies, were not observed ;—in the event of its happening, however, a suspension of the treatment for a few days, and a diminution of the proportion of belladonna, will be necessary.

P. S.—I am at a loss to account for my son's having the hooping cough at this time, as he was not exposed to *contagion*, nor am I aware that the disease exists in this town. For some valuable remarks on this subject, I would refer to Dewees's Practice, Vol. I., pages 375-6-7.—*Ib.*

IV.

ON THE MOST EFFICACIOUS MODE OF APPLYING SINAPISMS.*

THE following observations by MM. Trosseau and Blanc, will be found useful in settling the proper method of using mustard for sinapisms. They were induced to make some careful experiments on the subject, in consequence of the discrepant statements made in works on materia medica. Some recommend that the flour of recently-ground mustard should alone be used, others that the bran only of the flour should be taken. Some direct the flour to be made into pulp with warm water, others with vinegar, others with concentrated acetic acid, others with warm water or warm vinegar, indifferently. Some advise that the sinapism be left applied for four hours, others for two or three hours, and others again, for a single hour only. The authors have very carefully determined the respective advantages of these several practices ; and it appears from their experiments, that the several circumstances of difference are very far from being immaterial.

Their experiments were made chiefly with the black mustard commonly used for culinary purposes in Paris. They first found that the flour loses scarcely any of its activity by keeping. In their standard experiment, they remarked, that recently-ground mustard, mixed up to a proper consistence with cold water, caused slight smarting in five mintues, and in ten minutes the heat and sense of burning which characterizes the full operation of the sinapism. They next remarked that flour five months old did not cause smarting within seven minutes, but brought on the full sense of burning in ten minutes, or as soon as the sample of fresh flour. They then found, that when the sample of fresh flour was mixed up with hot, instead of cold water, the smarting commenced in three minutes ; but the full sense of burning was not developed in less than ten minutes ; and, consequently, although hot water accelerates the commencement of its action, the effect is ultimately and in a very short time the same when cold water is used. The most remarkable results, however, were obtained from their experiments with acetic acid. When the sinapism was made with common vinegar, instead of water, its activity was not increased, as is commonly supposed to be the case ; it was, on the contrary, much retarded and diminished. In fifteen minutes there was extremely slight smarting, which increased so slowly, that in fifty minutes it was not greater than was produced by the water sinapism in six minutes. The substitution of warm for cold vinegar did not increase its activity. Neither was any advantage gained by substituting for common vinegar concentrated acetic acid, diluted with its volume of water; on the contrary, no effect whatever was then manifested in forty-five minutes. Nay, concentrated acetic acid itself appears not more powerful than simple water. A sinapism made with it had no effect in six minutes; in seven minutes there was slight smarting; and the full sense of burning was not developed till the twelfth minute. These are interesting facts, because they show that the mustard-flour and the acetic acid possess the property of mutually moderating the rubefacient or irritating properties of one another. Concentrated acetic acid itself seems, from the experiments of the authors, to be one of the most rapid, powerful, and convenient rubefacients, that can be employed. When applied on a sponge, or mixed with saw-dust, so as to form a mass like that of a sinapism, acute smarting pain was produced in a minute and a half: in a minute more the pain was insupportable: in three minutes from its first application, the experimentalist was compelled to remove it; and notwithstanding the short interval which was thus allowed to pass before its removal, the corrosion produced left a mark three months afterwards. A singular fact, which they have not been able to explain, is, that the activity of a sinapism made with English mustard, is not lessened, like that of the French mustard, by substituting vinegar for water.

---

* Edinb. Med. and Surg. Journal, from the Arch. Gén.

The following is their account of the several consecutive effects of a sinapism made with water, and of the precautions which should be observed in using it:—The first effect is prickling or smarting, which begins in five minutes: in ten minutes, this is converted into acute burning pain, such as is produced by hot iron held near the skin; next, a deeper-seated sensation is felt, like that of constriction, or of a heavy weight pressing on the muscles; but after twenty or twenty-five minutes more, the original burning pain returns more violently than ever, and few, who are not insensible from some affection of the brain, can support the sinapism much longer. After its removal, the impression of the cold air relieves the burning for a time; but this, in a few minutes, returns acutely, is soon attended with an uniform, rosy efflorescence, and may continue more or less severely for twelve hours, or several days. The authors maintain, that if a sinapism is properly made, and of good materials, it should very rarely remain applied longer than between forty-five minutes and one hour; and that, if it is left for three or four hours, as some direct, its effects may sometimes prove extremely unpleasant. In cases of cerebral oppression during fever, they have known severe sloughing induced by the neglect of this precaution, the physician having been misled by the patient not complaining of pain, and having allowed the sinapism to remain for several hours.

V.

ON A MODE OF EXTRACTING PESSARIES.

By Samuel Merriman.

Of the various means employed to support and preserve in its place the prolapsed uterus, few have been found so advantageous and effectual as the hollow globular pessaries, formed of box-wood; but a great inconvenience is sometimes experienced when these pessaries come to be withdrawn, after having been permitted to remain too long in the vagina. Levers, forceps, perforating scissors, and other instruments, have been recommended and employed; but none of these instruments can be very conveniently made use of, and the operation of extracting this kind of pessary is often attended with much pain and suffering to the patient.

Some time ago I was called upon to remove a globular pessary, which had been retained ten years, and I was for a long time foiled in my endeavors to extract it. I tried various instruments, but could succeed with none of them. A pair of small forceps appeared most likely to effect the extraction, but I could not keep the ball sufficiently firm to bring it through the os externum, so that I was obliged to leave my patient, in order to procure another instrument, with which I did not doubt of success.

This instrument was that part of Signor Assilini's perforating machinery which consists of a long, round, wooden handle, into one end of which is inserted a pyramidal screw, the base being about half an inch in diameter, and the screw rising to a point nearly half an inch from the base. The point of the screw being brought in contact with the pessary, and the pessary kept steady with two fingers of the right hand, the handle is to be turned round repeatedly. The point of the screw easily enters the pessary, and as the screw, acting as a wedge, advances, the pessary splits into pieces, which are easily extracted by the finger, and the degree of suffering to the woman is really not worthy of mention.

In August last, at the request of a friend, who had been foiled in his endeavors to extract a pessary, I used the same means, and succeeded most happily; and I have again succeeded in another case, so that I have no hesitation in recommending Assalini's screw as the most effectual method of dislodging the globular pessary in all similar cases.

The instrument which I employed was furnished to me by Messrs. Stodart, of the Strand, the original makers of Assalini's instruments.

Lond. Med. Gaz.

VI.

ST. JOHN LONG'S LINIMENT.*

Two correspondents of the Medical Gazette, "who have been endeavoring conjointly to find out the panacea" of the renowned lung doctor of Harley Street, state that the following liniment produces precisely the same effects as that of Mr. Long.

R. Acid. nitr. muriat. ʒ ij.
Ol. terebinth. ʒ i.
— Camphoræ ʒ v.

Misce ft. linimentum;—or, which is better:—

R. Acid. nitr. muriat. ʒ ij.
Ol. terebinth. ʒ ij.
Axungiæ ʒ v.

Melt the lard, and then add the other ingredients, stirring the whole till quite cold.

"Either of these liniments rubbed upon the skin with a sponge, will, in three or four minutes, cause it to be highly reddened, and the capillary vessels to be injected with blood. If the rubbing be continued, small pustules, here and there, containing a transparent limpid fluid, will make their appearance ; and if it be still persisted in, the part becomes excoriated, and an exudation of a thin clear lymph is the result. During its operation, the patients first feel warmth in the part where it is applied, then smarting, and at length actual pain. With regard to the humor Mr. L. pretends to extract, this appears to be nothing but the residue of the liniment left upon the skin ; and as to its affecting the part only where the disease is situated, it certainly is true that it does not seem to act upon the whole of the surface of the skin on the chest alike ; but this arises from some parts being more tender than others : hence the skin on the superior parts of the chest requires less rubbing with the liniment than that covering the ribs."

---

* From the Medico-Chirurg. Review.

Without attaching the least credit to the supposition that this is the liniment employed by Long, we may ask, is the application of such a preparation as that above described, upon the skin, of any service in phthisis, or not? We have tried it in several cases, and, in all, the patients have expressed relief after its employment. They have had less cough, they have breathed more freely, and the expectoration has been diminished in quantity. We have only employed this remedy six weeks, and hardly that ; so that what permanent good may result from it we know not. We cannot, however, but acknowledge that we think it might be a useful addition to the means we already possess, to produce *immediate* counterirritation. We are fully aware that a blister is attended by a like result; but, at the same time, its action is slow, and its after-effect is such that it is some time before it can be repeated, and it cannot be applied over any extent of surface. The antimonial ointment, likewise, is another counterirritant ; but this also is uncertain in its action, and slow in its operation, and it cannot well be used again until the pustules arising from it have healed. The nitro-muriatic acid liniment, however, produces the effect almost instantaneously, and can be employed on any extent of surface without those inconveniences ; for although it gives rise, at the same time, to a profuse determination of blood to the skin, yet this gradually subsides, and it can be reapplied (if it has not been improperly used) as often as we may consider it necessary.

P. S.—In the first of the forms published in our contemporary, a mechanical separation of the ingredients takes place on standing. The second formula is better adapted for use ; but, unless a greater proportion than one half of the muriatic acid be used, the effect on the skin is inconsiderable. We have used the liniment on several occasions. It is a counterirritant of easy application, and not very painful in its effects. We do not believe that it is at all similar to that which St. John Long employs. It may be found a useful remedy.

VII.

OBSERVATIONS ON SOME CASES OF SUPPOSED RHEUMATIC AFFECTION OF THE LOWER EXTREMITIES IN FEMALES. BY MADAME BOIVIN.

It will be some time before we see such minute pathological investigations from the pen of a female writer in this country, as Madame B. occasionally sends forth into the medical world! But we shall let the lady speak for herself.

Case 1.—A female, 55 years of age, the mother of seven children, had always enjoyed good health till the age of 52, when she was seized with pains in the iliac regions, and in the lower extremities. The catamenia had been suppressed some time previously. Leeches, frictions, anodynes, warm baths, and various other means were used, without any relief. The menses returned; but the pains persisted. They were considered rheumatic. A discharge of blood now took place from the uterus, and continued, more or less, for many months, without exciting any suspicions in the mind of the medical attendant, till Madame Boivin and M. Dubois were consulted, when they discovered an enormous cancer of the uterus, together with an ovarian disease causing adhesions about the pelvis, which no doubt gave origin to the pains considered rheumatic. She was sent from the *Maison de Santé* into the country to die.

Case 2.—This case shows the danger of a too speedy return to occupations after an accouchement.

A female did not menstruate till the age of twenty; but, after that period, had the catamenia regularly continued till her 29th year, when she became pregnant, and went into the hospice of the Ecole de Medecine for accouchement. Her delivery was rapid, the labor only continuing one hour. On the *third* day, the female returned to her master's house, and took to her usual avocations of cooking! But she was soon seized with violent fever, swellings of the mammæ, pains in the abdomen, in the left iliac region, to which leeches and fomentations were applied. She was sent into the hospital Necker, where she was properly treated, and comparatively cured; but still there remained a tumor in the left iliac region, with pains in the hip and thigh, which were considered rheumatic by her subsequent medical attendants. She ultimately came under Madame Boivin's observation in a *Maison de Santé*, and on accurate examination, the os uteri was found to be thrown out of its proper situation; to be hard and enlarged; while a tumor was felt occupying the iliac region, which was considered as a diseased ovarium. By proper treatment the symptoms were much mitigated; but she was discharged uncured.

Several other cases are related by Madame Boivin, to show how frequently medical men confound the pains resulting from organic disease in the pelvis, with rheumatic pains in the lower extremities. These we need not detail. The above are sufficient to put practitioners on their guard.—*Ib.*

MEDICAL JOURNAL.

BOSTON, MARCH 22, 1831.

HAWTHORNE ON VENTILATION.

A NEW mode of ventilating hospitals, &c., has recently been proposed by George Hawthorne, M.D. Dr. H. has certainly avoided one evil in his treatise, the evil of a great book. His remarks on ventilation are comprised in 84 loosely-printed 24mo pages. This circumstance, and the interest of the subject, have induced us to depart from our usual custom, and to offer a brief analysis of its contents.

The volume commences with a consideration of the evils arising from exposure to an impure atmosphere, whether rendered so by respiration simply, by the effluvia from decomposition, or by both these causes united, as happens in the crowded wards of hospitals where the air is not frequently renewed. Dr. H. justly considers it of primary importance to the welfare of the system, that the air which is acted on by respiration, and by the secretions from the surface, should be constantly carried away, and pure air substituted therefor. Under most circumstances, this is attended with no difficulty, and takes place, in fact, by the necessary operation of physical laws. In other situations, the difficulty of effecting it is greater, and some artificial arrangements become necessary for this purpose. Among these may be mentioned the wards of hospitals, the holds of vessels, and mines.

Air, like any other fluid, remains at rest, unless operated on by some moving cause. Of these moving causes, there are many which exercise occasional influence, and exert a limited action. But the great cause which we see at work in nature to produce motion in air, is heat. Wherever this principle is applied, the air becomes rarified, and specifically lighter, and therefore ascends. Its place is immediately supplied by the expansion of colder air, which in its turn leaves a space to be filled by other air, furnished from a region of lower temperature. On this principle may be explained all currents of air, from the strongest wind to that which draws through the chimney of an Argand lamp. Wherever this agent can be employed, a current may be created and permanently maintained. Of course, by a person remaining in the open air, no inconvenience is experienced in regard to ventilation. The breeze which passes him carries away the air expired from his lungs, and furnishes a supply of salubrious air. In the apartments of the healthy, the same effect takes place by means as simple. In summer, the air is freely admitted, and the motion of that without is communicated to the portion within. In winter, the heated air of the fireplace escapes through the chimney, and innumerable currents from the various openings into the external air are simultaneously tending to this point. Independently of artificial heat, the air of an apartment, in winter, differs enough from that without to secure a free circulation ; so that the small amount of tainted air formed by the healthy system under ordinary circumstances, is far more than counterbalanced by the coexistent means of ventilation.

In the peculiar situations above referred to, this proportion is too often reversed. The wards of a hospital are more crowded than are other sitting or sleeping apartments. The exhalations from the bodies of patients, and the secretions from the lungs, form two additional means by which the medium which surrounds them must be impaired in its character. While in this way the air is more rapidly vitiated, its renewal is attended with some circumstances of difficulty. In summer, indeed, patients may, and most generally do, receive the benefit of the external air, from the doors and windows of their apartments. But this mode of furnishing air has its defects and disadvantages. Those who are nearest to the window receive the force of the current, and feel it more sensibly than is agreeable or useful. The amount admitted, also, varies with the direction and force of the wind; and it is not easy to enforce regulations by which this irregularity shall, even as far as is possible, be met by corresponding precautions. Lastly, the means for the escape of foul air, under these circumstances, are inadequate. In winter, this difficulty is obviated to a considerable extent, provided an open fireplace exist in the ward, which is not always the case. The evil, however, in winter, arises from the necessity of sustaining the apartment at a uniform temperature, and of doing this at a small expense. Of course, the galleries, as well as the wards, are heated, and no cold air is suffered to gain admission, except through the crevices in the windows, which are usually insufficient to supply it. If the apartments are heated by flues, the difficulty is the reverse of that stated. Fresh air, or at least new air, is introduced in a heated state, and traverses the space in the ward; but no provision is made by which it displaces, except very slowly, the foul air generated within. The best system, then, would seem to be that which, in winter, should combine the furnace with the fireplace, and which, for summer, should substitute for the usual mode of introducing fresh air, one more uniform in its operation, and some contrivance for its rapid escape when rendered unfit for use. Dr. Hawthorne proposes to effect these objects by the plan which he recommends.

According to this plan, every hospital should be provided with two air-pipes, of a size suitable to its dimensions, one to introduce fresh air, and the other to convey away what has been rendered unhealthy. The first he proposes to have open, by two or three branches, into each room, within three feet of the floor, and the other by an equal number on the opposite side; so that the air passing from one to the other, may traverse the whole length of the apartment. The former he calls the warming, and the latter the ventilating tube, though the first would, according to circumstances, produce opposite changes of temperature. The warming tube is connncted with the external air by two branches, one to be used in winter, the other in summer. The former passes through a fireplace on the ground floor, by which the air is heated to any temperature required; the latter pursues a more direct course. Each of these being provided with a stopcock, either can be opened, and the other closed, as occasion requires. The openings of this funnel into the external air, take place at the bottom of the building, and the tube ascends through its whole course. The ventilating tube referred to should form another perpendicular funnel, which, after passing to the bottom of the building, becomes horizontal for a few feet, and then, ascending, passes through another fireplace kept constantly heated, and empties itself into the external air. On the side of each apartment in which the warming tubes enter, a screen about three feet high should be carried across, in such a manner as to intercept the current, and cause a more equable diffusion of the air introduced. The beds should also be arranged near the middle of the apartment, so that the greatest possible benefit may be derived by the patient from the ventilation employed, and that the medical or other attendant, by placing himself on the windward side of a bed, may be, as respects the particular patient who occupies it, secure from contagion.—Such are the outlines of Dr. H.'s plan. Some other details, which appear to be of minor importance, we purposely omit.

Dr. H. thinks that the principle of aiding the escape of foul air from apartments by heat, even in summer, might be advantageously adopted in the private apartments of the sick. For this purpose, he recommends that the fireplace of such apartments be provided with a screen, enclosing it completely, except below, where an opening may be left for the passage of the air. In a fireplace so guarded, he thinks a fire might be made at any season, without inconvenience to the inmate of the room. We regard this hint as a useful one, as there are many diseases in which the advantage of free ventilation would much more than conterbalance the evil of a fire at any season, provided it were screened in the manner referred to.

As respects the plan of obtaining hot air from a furnace in the manner above proposed, there is this general objection—that air thus heated is deprived of its moisture, and enters the apartment in a state too dry for convenient respiration. We have always been of opinion that an apartment warmed by heated air alone, was neither agreeable nor healthy. An additional fire within the room, and the evaporation of a sufficient quantity of water, will remedy this evil. Heating with steam may perhaps answer better.

Dr. H. next considers the means of applying the same principle to the ventilation of vessels and of mines. As we doubt greatly the practicability of the plans which he suggests for this purpose, we shall not particularly describe them. In that which he recommends for mines, the ventilator must extend from the bottom of the mine to the ground, and contain a grate for the fire, which is secured by network, like a safety lamp; a construction too complicated for convenient use, and at best attended with some hazard. We must therefore limit our encomiums to that part of Dr. H.'s scheme which can be put in execution on shore and above ground. Of the benefits to be derived from free ventilation in places where numbers of patients are collected together, we are fully persuaded; and we consider the plan here proposed of accomplishing so desirable an object, to be every way worthy of a fair trial.

MEDICAL REFORM.

A REFORMED Medical College has lately been instituted at Worthington, Ohio. The Inaugural Address of the President, Dr. John J. Steele, is, without exception, the most weak, absurd and contemptible affair of the kind we ever met with in print. He avows that the chief object of the reform contemplated by this College, is to "dismiss from the materia medica, the internal use of mercury, antimony, lead, iron, copper, zinc, arsenic, and other poisonous minerals, and to supply their place with vegetable medicines." Because the vegetable productions of the earth are "so bountifully scattered by our beneficent CREATOR," the Dr. appears to infer that these productions, and these only, were designed for the cure of the numerous ills that flesh is heir to. He appears to forget that *minerals*, as well as vegetables, are scattered around us in profusion, and that these too are the gift of a beneficent Creator.

It is asserted, in this Address, that the most eminent of the older physicians acknowledge that fever, a buffy crust on the blood, congestion and obstruction, are produced by the internal use of the "metallic minerals." Now this is very true; but how excessive the delusion which could not discern that this effect is not peculiar to the "metallic minerals;"—the same is true of opium, and a hundred other vegetable productions. It would be an inexcusable waste of time to give any account of this production,—suffice it to say that it is eminently worthy the nature of the institution, over which its *erudite* author is called to preside.

LIBRARY OF PRACTICAL MEDICINE.

THE Counsellors of the Massachusetts Medical Society have commenced the publication of a series of volumes, with the above title, which are to be distributed to the members of the Society, without any extra expense to them. It is thought the annual income of the Society will defray the expenses of this publication, and the members will thus be furnished with a body of practical works, by the most approved authors, on the several branches of Medical Science. This plan is in conformity with the views expressed by a writer in this Journal, whose articles entitled "Medical Literature" have recently appeared in our columns.—The publications contemplated by the Counsellors are to be under the direction of the publishing committee, which is composed of gentlemen whose talents and standing are a sufficient pledge that the plan will be well executed, and meet the entire approbation of the Society.

That excellent work on Fever, by Dr. Southwood Smith, which was noticed in our last volume, page 725, and Dr. Tweedie's Clinical Illustrations of the same subject, are now preparing, in pursuance of the above scheme, and will be ready for delivery, *according to the vote of the Counsellors*, at the next meeting of the Society.

Murray on Pulmonary Consumption.—As we alluded, some time ago, to the treatise of Mr. M. on this subject, we offer the following notice of his remedy from the London Med. and Phys. Journal. The work itself is not yet, we believe, arrived in this country.

The use of chlorine fumigations in pulmonary consumption has excited the attention of many physicians on the continent, and various opinions have been entertained of its merit. If the facts in its favor are fairly stated, which we have no right to doubt, it appears that it never does harm, if it be properly employed, and that it not unfrequently alleviates some of the most distressing symptoms. We are too much in want of additional means in the treatment of pulmonary consumption, to treat any remedy that is proposed with carelessness or contempt. The chlorine fumigations, therefore, should have a dispassionate trial, and every experiment that is made should be communicated to the profession; for, until more satisfactory information is communicated upon the subject, positive conclusions would be premature. Sir Charles Scudamore is now trying the effects of chlorine and iodine in consumptive cases, and has announced a work upon the subject.

Mr. Murray's work "would have appeared some years ago, but it has been postponed from time to time, in the hope of finding some substitute for chlorine, that might be equally effective, and not so irritating to the lungs;" and we are informed that "in the vapor of nitric acid, or red fuming nitrous acid, he has discovered what he was in quest of." "This vapor, equally effective with chlorine, possesses a very superior advantage over it, in that it can (as we have in numerous cases of diseased lungs proved) be breathed, mixed with atmospheric air, without the slightest irritation being produced on the pulmonary apparatus." In the administration both of chlorine and nitrous acid gas, much caution is required. Metallic and gilded articles of furniture, and colored hangings, must be removed. A room, indeed, should be emptied of its furniture, and devoted exclusively to the purpose. Mr. Murray employs these remedies in the following manner:—"If a portion of peroxyde (or black oxyde) of manganese be put into a small basin or teacup, and muriatic acid (or spirit of salt) poured over it, and the ingredients, mixed together, be suffered to float in a vessel of tepid water, chlorine gas will be disengaged, and impregnate the atmosphere: the proportions of the peroxide and muriatic acid must be according to the size of the apartment, and the strength of the patient to bear it;—thus it may be from a quarter to an ounce of the former, and two or more fluid ounces of the latter. The patient must enter this atmosphere several times a day, and each time remain a short period, so long as not to be painful or oppressive, and the quantity of impregnation must be insufficient to excite cough or irritate the lungs: two or three minims at a time, and repeated five or six times a day, will be found quite sufficient. The physical strength and progress of the disease, in fact, circumstances and feelings, must determine these points." "We have been accustomed to administer nitrous acid gas in pulmonary consumption in the following simple manner: a small quantity, to the amount of one or two ounces, of red fuming nitrous acid, is poured into a wide tumbler glass, and the patient sitting in the current of the vapor, in the act of escape and diffusion into the atmosphere, at about eighteen inches, more or less, apart from the glass, according to circumstances, the vapor will soon be felt, and at no distant interval an evident amendment will attest its efficacy, and proclaim its value. The patient may remain two or three minutes at once, and repeat the experiment four or five times a day, as may be convenient and agreeable. At the close, a bladder may be put over the glass, which will retain the vapor and preserve it for further use, since the same supply may be used several times."

Gonorrhœa treated with Chlorate of Lime.—Dr. Edward Graefe has pursued this practice in five cases with success. He saw the patients shortly after they were infected. The following was the form of the medicine employed:—Chlorate of lime, ʒi., Almond emulsion, ℥vij., Syrup, ℥i.; a tablespoonful every three hours. Some irritation of the urethra, and a continual desire to make water, were at first produced. These symptoms soon subsided, and the disease was speedily cured.—*Journ. fur Chir.*

Abolition of Latin Examinations.—The custom of examining, in the Latin language, candidates for medical degrees and licenses, has been abolished, by a late regulation of the faculty in Dublin. This important step—out of the trammels of old and absurd prescription—has been taken, not only by the College of Physicians, but by the University in that city: in the latter, we understand, chiefly through the instrumentality of Dr. Macartney and the new Regius Professor of Physic, Dr. Whitley Stokes.

Healthiness of Boston.—It is a fact of some interest, and not a little remarkable, that with the exception of Boston, the health of the more southern cities is greater, the lower their latitude. On an examination of the bills of mortality for the year 1830, it will be found that, of the cities mentioned, in proportion to their population, the greatest measure of health, or rather the least number of deaths, has been in Boston. Next on the scale comes Charleston, S. C.; then Baltimore, Philadelphia, and New York.

Dr. Drake.—It is not without some surprise we learn that Dr. Drake has withdrawn from the Faculty of the Jefferson Medical College at Philadelphia. Dr. Eberle has also left that Institution. The former has accepted the appointment of Professor of Theory and Practice of Physic at Miami University, Ohio; and the latter, the chair of Materia Medica, in the same School.

Officers of the Massachusetts College of Pharmacy.—At a meeting of the College, March 16th, 1831, the following gentlemen were chosen officers for the ensuing year:—Daniel Noyes, *President;* Charles White, *Vice President;* Samuel N. Brewer, *Treasurer;* Charles French, *Secretary;* Joseph Kidder, Daniel Henchman, Ebenezer Wight, Terence Wakefield, *Trustees.*

Smallpox.—Since our last notice, five cases of Smallpox have been sent from this city to Rainsford Island.

NOTICE.

We have to acknowledge but one communication this week. With the author of this we should be pleased to have an interview. We are entirely agreed respecting the object to be attained, but differ, probably, in opinion respecting the best means of accomplishing it.

Whole number of deaths in Boston the week ending March 12th, 30. Males, 17—Females, 13. Of consumption, 5; dropsy on brain, 2; dropsy, 1; croup, 1; canker, 1; drowned, 2; unknown, 2; mortification in bowels, 1; old age, 4; intemperance 1; abscess, 1; accidental, 1; quinsey, 1; tumor, 1; brain fever, 1; lung fever, 1; infantile, 1.

ADVERTISEMENTS.

THE NATURALIST. Devoted to Zoology, Botany and Mineralogy, illustrated by Lithographic Prints, edited by D. Jay Browne, aided by distinguished Naturalists, and published monthly by Peirce and Parker, No. 9 Cornhill, Boston. Each number contains 32 octavo pages. Price, Two Dollars a year in advance.
March 22.

BOYLSTON MEDICAL PRIZE QUESTIONS. The Boylston Medical Committee of Harvard University hereby give notice, that in consequence of the death of their late Chairman, Thomas Welsh, M. D. the Dissertations for the present year must be forwarded, post paid, to John C. Warren, M. D. Boston, on or before the first Wednesday of April next. GEORGE HAYWARD, Secretary.
Boston, March 3d, 1831. March 8. 2w.

NOTICE. Those gentlemen who are yet indebted for the 1st vol. of the Med. and Surg. Journal, from Feb., 1828, to Feb., 1829, are hereby notified, that, after four weeks, the Proprietors of that Volume have authorized Mr. S. Smith to collect all that is due to them for it; and the present Proprietor respectfully requests that those indebted to him for the Medical Intelligencer, and the 2d and 3d vols. of the Med. and Surg. Journal, will forward all arrears. JOHN COTTON.

The subscribers above mentioned for said 1st vol., are hereby requested to remit payment for the same to the subscriber, at the office of the Boston Daily Advertiser.
SAMUEL SMITH, Agent for said Proprietors.
March 1, 1831.

COPARTNERSHIP NOTICE. The subscribers have formed a connexion in business as CHEMISTS, DRUGGISTS & APOTHECARIES, at Apothecaries' Hall, No 188 Washington Street, opposite Marlboro' Hotel, under the firm of JARVIS & PEIRSON.
NATHAN JARVIS.
GEORGE W. PEIRSON.

EUROPEAN LEECHES.

J. & P. have a few fine European Leeches—to the application of which, when directed by Physicians, they will attend without any additional charge.
Feb. 8.

WILLIAMS ON DISEASES OF THE CHEST. This day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By Charles J. B. Williams. Dec. 6.

BECLARD'S GENERAL ANATOMY. CARTER, HENDEE & BABCOCK have this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. Beclard, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By Olivier, M.D. Translated from the French, with Notes. By Joseph Togno, M.D., Member of the Philadelphia Medical Society. Dec. 28.

SURGICAL INSTRUMENTS AND CHEMICALS. Students in want of the above articles, would do well to call, before purchasing, at BREWER & BROTHERS', Nos. 90 and 92 Washington Street—Boston. Oct. 15. ep3m

SURGEON DENTIST'S MANUAL. Just received, by CARTER & HENDEE, The Surgeon Dentist's Anatomical and Physiological Manual. By G. Waite, Member of the Royal College of Surgeons. Nov. 2.

The Boston Medical and Surgical Journal is published weekly, by John Cotton, at 184 Washington St. corner of Franklin St., to whom all communications must be addressed, *post-paid.*—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for common newspapers.

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, MARCH 29, 1831. [NO. 7.

I.

ACETATE OF MORPHIA IN VARIOUS DISEASES.*

Dr. Bardsley, in his "Hospital Facts and Observations, &c.," a work already quoted in this Journal, has entered somewhat largely on the use of the acetate of morphia in various diseases. He has found it particularly useful in cases of pain at the pit of the stomach, in pyrosis, in uterine diseases, and in neuralgia. Not having the work before us at this moment, we shall quote a few cases, as abridged in the Medico-Chirurgical Review for October last.

Michael Sharples, aged twenty-nine, an industrious man with a numerous family, had experienced much pain at the stomach occasionally for several months; and so severe had it been for the last three weeks, that he could not follow his usual employment. His spirits were low, appetite gone, and bowels costive. Leeches and a blister had been tried. The bowels being opened by purging medicine, a quarter of a grain of the acetate was given three times, daily, with excellent effect. In five weeks he was discharged cured, but he subsequently applied with a relapse, which was combated successfully by the same plan of treatment.

We will cite another case.

A young man had suffered, for some months, from such a gnawing pain at the stomach, that he could not continue his occupation, was reduced to poverty, and at last attempted to poison himself by laudanum. After a short course of aperients, Dr. Bardsley gave half a grain of the acetate twice, daily: so much relief ensued that the dose was diminished; and after the expiration of several weeks, he perfectly recovered both his mental and bodily strength.

In the only case of pyrosis which Dr. Bardsley details, the patient, a female, aged twenty-six, had always been delicate, but suffered severely, for the last two months, from gnawing pain at the pit of the stomach, copious discharge of an acid fluid from the mouth, flatulence and capricious appetite. After castor oil, the acetate was prescribed—a fourth of a grain, twice daily; and in six weeks the patient was discharged cured.

It is not to be supposed, however, that Dr. B. regards the acetate of morphia as a sovereign remedy in all cases of dyspepsia. So far from this, he alludes to several cases of the disease in which the remedy was productive of little or no relief. This is exactly what we should have anticipated, from the known effects of the remedy, and the diversity that exists in the nature and characters of dyspepsia. Dr. B. does not appear to think as favorably of *opium* in stomach complaints as the morphia; and among the cases he details, we notice some in which the former of these remedies had been used ineffectually, before Dr. B. resorted to the latter. In our own practice, we have seen opium very useful, and even completely successful, in that complaint. In all such cases, the pain recurred after eating, and continued so long as the articles ingested remained in the stomach. Under such circumstances, a small dose of opium, given half an hour before meals, and repeated during a week or two, sufficed to effect a cure. It is very plain that in these cases the pain was nervous, and not the result of inflammation, and that care was taken to ascertain the true nature of the disease before resorting to this plan of treatment.

---

* From the N. A. Med. and Surg. Journ.

Dr. B. has used the same remedy, with palliative and remedial effect, in scirrhus and induration of the uterus, and particularly in painful menstruation. In a case of the latter disease, he ordered the patient "to take a quarter of a grain of the acetate of morphia on the first accession of pain, and to continue this proportion every half hour, whilst it was violent. The second dose afforded her very great relief, without in the least suppressing the discharge;" and at the time Dr. B. was writing, she took the morphia at every monthly period, with the same advantage.

Nor did Dr. Bardsley use the morphia with less advantage or success in neuralgia of the face, forehead, lower jaw, &c. In all these cases, the remedy was administered internally. On the subject of this remedy, Dr. B. makes the following general remarks:—

"The above examples seem sufficient to establish the remedial efficacy of the acetate of morphia in several affections. It must be allowed that morphia has not always answered the intentions with which it had been employed; but the proportion of the favorable cases has been considerable, compared to those in which it has failed. I have never witnessed any *pernicious consequences* from a prudent use of the morphia. I am led to recommend the acetate of morphia in preference to opium, from a conviction that its efficacy may be equally relied upon, whilst its administration will be unattended by the *distressing headach*, *excessive constipation*, *and other unpleasant symptoms*, which that drug in large doses mostly induces. It appears to be the chief advantage of morphia, that it may be employed in those cases in which it is desirable to obtain a narcotic effect, and at the same time of the first importance to avoid constipation. It is proper to unload the bowels before commencing with the acetate, so as to give the remedy a fair chance. It is prudent to commence with not more than a quarter of a grain, which may be gradually increased to half a grain, a grain, or two grains, according to the urgency of the symptoms and the effects produced. These doses are applicable to adults. I have mostly prescribed it in this form of pill, which seems to answer very well."

II.

SOFTENING OF THE UTERUS.

The following account of this diseased condition of the uterus, we extract from a very excellent review of the publications of MM. Tonnellé, Duplay, Dance and Luroth, on puerperal fever, uterine phlebitis, and softening of the uterus, contained in the October number, 1830, of the Edinburgh Med. and Surg. Journal.

In its incipient stage, softening of the uterus, according to the observations of Luroth, consists in a serous infiltration of the substance of the organ, in consequence of which the parietes become extremely flaccid, and are very easily cut. The color, however, is not materially altered, and although the inside of the uterus is usually lined by an exceedingly fetid pulp, this is no proof that the softening of the parietes is allied to gangrene or putrefaction, for the same fluid is sometimes found when the substance of the uterus is sound; and when the two appearances occur together, a little care will enable the dissector to ascertain that the odor does not necessarily adhere to the softened uterus. This form of the disease appears not to have been observed by M. Tonnellé, and it is certainly rare, when compared with what M. Luroth considers its more advanced, but M. Tonnellé its first stage; where the texture of the uterus is softened almost to a pulpy consistence, like an apple which has begun to decay, and consequently tears in the fingers when it is raised, or breaks down into pulp when squeezed between them. Softening of the uterus, of the latter kind, has been extremely common in all the epidemics of puerperal fever, which have been observed in Vienna and in Paris. It is sometimes partial, being confined either to patches of the uterus, or more frequently to a thin layer of its entire inner surface; but very frequently it is quite general, and affects the whole extent and thickness of the parietes. The color of the texture is sometimes unaltered, sometimes rather paler than natural, occasionally rather darker. The smell of the softened parts is not putrid; but it requires some care to satisfy one's self of this, as the disease is always attended with a horribly fetid effusion on the inner surface. The parietes are sometimes thickened and spongy, but at other times they are attenuated, or, as it were, *atrophied*. In its extreme degree, softening becomes the *putrescence* of the uterus of Boer and other German pathologists. Even then the tissue of the parietes has not a putrid odor; for the overpowering putrid smell exhaled by the organs of generation, according to Luroth, is still owing entirely to the dark pulp which lines the inner surface. This circumstance, which seems to have been overlooked, not only by Boer and his countrymen, but likewise by M. Tonnellé, led to the name by which this, the highest degree of softening, has been generally known, and likewise to the notion entertained by some that it is of the nature of gangrene. Even in its worst form, softening of the uterus was sometimes produced, like suppuration of the veins, with a rapidity for which it is extremely difficult to account, unless we adopt the opinion of Boer, that it commences before delivery. In one of M. Tonnellé's cases, the patient, two days after an easy delivery, was attacked with the first symptoms of mischief, and died in twenty-four hours; yet the whole thickness of the uterus, over two-thirds of its extent, was reduced to a brown pulp, destitute of every trace of organization, and capable of being crushed between the fingers with the greatest facility. Among the two hundred and twenty-two cases of puerperal fever examined by M. Tonnellé, there were forty-nine in which the uterus was found softened; and among these the softening was superficial in twenty-nine, but deep in no fewer than twenty. When the softening was superficial, it was generally also in scattered patches only. When deep, it commonly affected the whole of the organ. Superficial softening was always accompanied with some other affection, such as peritonitis, simple metritis, or inflammation of the uterine veins. The same was also generally the case in the instances of deep softening; but frequently the softening of the uterus was evidently the chief disorder, and in some instances it existed alone. It was obviously connected with very marked typhoid symptoms, in every instance where the disorder was extensive and advanced, even when no other pathological change concurred with it.

The opinions of the authors who have noticed softening of the uterus, are much divided as to its nature. Some, as M. Duploy, consider it always the consequence of inflammation, and a few even view it as nothing else than gangrene. Luroth and Tonnellé, however, contest the accuracy of the last doctrine, and with some success. Decided gangrene of the uterus is always, as Luroth observes, preceded by acute inflammation, which is seldom remarked in the worst cases of uterine softening: in gangrene the parietes are unnaturally thickened, which in softening is far from essential: in gangrene there is an inflammatory circle or other boundary, which limits exactly the mortified part, while in softening there is no such circle, no exact boundary, but a gradual passage into the surrounding firm texture; and in gangrene there is a peculiar odor of the diseased tissue, but in softening no such odor is remarked, if care be taken to remove the inner pulpy layer. The question of the origin of softening of the uterus in inflammation, is a much more doubtful one. Most of the authors who have noticed it, consider that in some cases inflammation is its cause, because, in its slighter degrees, it is always attended with other unequivocal indications of simple metritis, peritonitis, or phlebitis. They do not, however, conceal the difficulty thrown in the way of this doctrine by the circumstance, that, in its extreme degree, softening is not preceded by any obvious signs of inflammatory action; and generally, that the antecedent inflammatory reaction bears no relation whatever to the extent and degree of the softening. We may remark, in general terms, that from the analogy of other effects of inflammation, such as the gangrene, suppuration and infiltration, which follow spreading cellular inflammation, the difficulty here stated does not appear a very insurmountable one. M. Tonnellé is disposed to consider the inflammatory appearances as secondary, and that softening of the uterus is, in the first instance, unconnected with inflammation, and probably dependent on a morbid state of the blood. Softening of the uterus is observed most generally after delivery; but Boer and his countrymen have rendered it not improbable, that general softening of the uterine parietes occurs in an inferior degree during pregnancy, and may be the cause of the subsequent development of putrescence of the uterus after delivery, as well as of occasional rupture of the uterus during labor, and likewise of the death of the fœtus during the latter months of utero-gestation.—*Ib.*

III.

DISORGANIZATION OF THE EPIDERMIS OCCURRING IN NEWBORN INFANTS.

A very important disease occurring in newborn infants, according to Jœrg, in his work *Uber die Kinderkrankheiten*, page 310, is one characterized by a peculiar morbid condition of the epidermis, causing the latter to be detached, upon the slightest touch, from the palms of the hands, the fingers, soles of the feet, toes, and frequently also from the entire surface of the body. Dr. Jœrg has, however, only seen one case in which this condition of the epidermis extended over the whole surface: it was in an infant born at the full period, and very vigorous. He has met with it most generally on the hands and feet. In every case, he was convinced that the mother had been affected, during pregnancy, with syphilis. None of the infants affected with this disease survived over four or five days, and though born at the full period, they were almost always meagre and feeble. The parts despoiled of the epidermis became inflamed, which, in addition to the extreme feebleness of the infants, is the chief cause of their speedy death. Dr. J. expresses entire ignorance as to the exact nature of this disease. The morbid condition of the skin upon the hands and feet, is frequently accompanied with a pustular eruption on different parts of the body, the form and appearance of the pustules differing essentially from those of smallpox. They resemble, however, the vaccine vesicle at about the twelfth or thirteenth day. The author has been unable to form any opinion as to the nature and progress of this eruption, in consequence of the short time during which the infants affected with this singular disease survived.—*Ib.*

IV.

ON THE COMPOUND SYRUP AND FLUID EXTRACT OF SARSAPARILLA.

We take the following very interesting and important notice from the Philadelphia Journal of Pharmacy. The paper was first read before the College of Pharmacy by its author, William Hodgson, Jr., and, with numerous other articles published in the same Journal, it affords strong and gratifying evidence of the practical advantages which must result from such an Institution, composed of scientific men, and conducted in a liberal and spirited manner.

Since the publication of Dr. Hancock's paper in the Transactions of the Medico-Botanical Society of London, and which was copied into the Journal of the Philadelphia College of Pharmacy (vol. i., p. 295), there can remain little doubt that the frequent inefficacy of the Sarsaparilla arises chiefly from the careless or the erroneous manner in which it is generally prepared. Of all the forms in which this important remedy has been exhibited, perhaps none has obtained so little justice in its preparation, and consequently in the estimation of those who have to judge from its remedial effects, as the syrup. It is now generally conceded, by those who have paid any attention to the subject, that the effective principle of sarsaparilla, like that of many other vegetables, is entirely destroyed by long exposure to a boiling heat; yet all our authorized formulæ for the preparation of the syrup are liable to this objection. As far as my knowledge extends, they all direct it to be made by decoction in water, or by long-continued hot infusion; and we have invariably, in consequence, two evils to endure—the presence of a large quantity of feculent and mucilaginous matter, which causes rapid decomposition; and, what is still worse, the absence of nearly all the active principle of the root, which has indeed been effectually *stewed down*. The French Codex, for example, directs two pounds of the roots to be infused for twenty-four hours in twelve pounds of warm water, then boiled a quarter of an hour, and the residuum submitted to another, and still another boiling, with ten pounds more water each time down to six. The mixed decoctions are then to be again boiled, with the senna, &c., down to one half; after straining, the sugar and honey are to be added, and the whole boiled a fifth time, in order to form the syrup! Swediaur, in his *Pharmacopœia Medici Practici Univercalis*, orders to boil the sarsaparilla twice in successive portions down to one third (nine pints down to three), and repeated; then to infuse the senna, &c.; and afterwards to boil again with the sugar and honey. The Antwerp *Pharmacopœia Manualis* directs the root to be infused in hot water for twenty-four hours, the infusion stewed down to one third; this operation repeated twice with the dregs; the mixed liquors then reduced to one half; the herbs infused towards the end of the evaporation; and lastly, the sugar and honey to be boiled to a syrup in the infusion. It would be tedious to particularize further the various formulæ for this preparation, which are more or less similar to those I have detailed. The American Pharmacopœia of 1820 differs in no essential point. The London College has no compound syrup, but directs the simple to be made by maceration of the root in boiling water for twenty-four hours, evaporation to one half (which must be done by continued boiling), and, lastly, boiling and evaporation again after the addition of the sugar, to form a syrup of proper consistence. The boiling point of such a compound being higher than that of water, subjects it to an obvious additional disadvantage. Indeed, by a strange mistake, it seems to have been generally taken for granted, that long boiling was the best, instead of the worst, mode of extracting the active principle from the sarsaparilla. Can we therefore be at any loss to account for the fact, that our *sirop de cuisinier* has none of the sensible properties of the sarsa, and often requires the assistance of mercury to give it any effect whatever?

To obviate the disadvantage of so inert a preparation, I determined, some months ago, to try a different process, and I have obtained a syrup, which has in perfection the characteristic acridity of genuine fresh sarsaparilla, and discovers no tendency to fermentation through the hottest part of our summer. The following is the formula, which I can confidently recommend for general adoption.

R. Rad. sarsaparillæ contus. lb. ij.
Rad. glycyrrhizæ contus.,
Fol. rosæ rubræ,
Fol. sennæ, āā ℥ ij.
Ligni guaiac. rasi, ℥ iij.
Spir. vini tenuioris. Ox.

Digest for fourteen days, at a

common temperature ; then strain, express, and filter. Evaporate the tincture by a water bath to four and a half pints (so as to get rid of the alcohol), then add, white sugar, lb. viij., and form a syrup, removing it from the fire as soon as the sugar is dissolved. When cold, add

Ol. anisi, gtt. vj.
Ol. gaultheriæ, gtt. iij.
Ol. sassafras, gtt. vj.,

previously rubbed down gradually with a little of the syrup. From these quantities I obtained seven pints of syrup, possessing, as I have said, the double advantage of the perfect extraction and preservation of the active principle, and the absence of any fermentable matter.

A somewhat analogous preparation of the sarsaparilla has lately been introduced into practice, under the name of the Compound Fluid Extract, which, if properly prepared, would contain the sarsa in a concentrated state, but which has hitherto suffered the same fate as its milder relative, the syrup. It has generally been prepared by evaporating the compound decoction and adding a little sugar ; and consequently shares the disadvantages of that preparation in a still greater degree.* Applying to this preparation the principles on which I made the syrup, I have obtained a compound fluid extract of a very superior quality, and possessing in an eminent degree the active properties of the sarsaparilla. The following is the process :—

R. Rad. sarsaparillæ contus. ℥ xvj.
Rad. glycyrrhizæ contus.,
Ligni guaiac. rasi,
Cort. rad. sassafras, āā ℥ ij.
Cort. rad, mezerei, ʒ vj.
Spir. vini tenuioris Oviij.

Digest for fourteen days, at a common temperature ; then strain, express, and filter. Evaporate the tincture in a water bath to twelve fluid ounces ; then add of white sugar ℥ viij., and remove from the fire as soon as the sugar is dissolved. Where the quantity made is considerable, it may be worth while to preserve the alcohol for future operations, by distilling instead of evaporating it. During the process, a small quantity of resin separates by adhesion to the sides of the vessel, and which appears to be merely from the wood of the guaiacum. We have here a preparation, a fluid drachm of which contains in perfection the active principle of a drachm of sarsaparilla, and of which two fluid ounces are equal in strength, and similar in composition, to what one pint of the compound decoction of the Pharmacopœia would be, were it possible to prepare it without more or less destroying the active principle of the sarsa.

V.

ITCHING OF DELICATE SURFACES.

Dr. Ruan, a Parisian physician of celebrity, in a communication to Professor Hufeland, of Berlin, states, that he has succeeded in some distressing cases of incessant itching of parts of the body, covered with skin of very delicate structure, after opiates and internal and external remedies had totally failed, by the exhibition of the balsam of copaiva in the dose of twenty-five drops three times a day. In two cases, in which it failed, a solution of the borate of soda (a drachm to half a pint of fresh elder-flower water), used as a lotion, was employed with success. In another case, a permanent cure was obtained by sprinkling the parts, which were excoriated by scratching, with a powder composed of starch and the levigated carbonate of zinc.

---

* If the decoction is so materially injured by the long boiling to which it is subjected, what must the common extract of the pharmacopœia be but totally inert? Yet a medicine, bearing the title of Compound Fluid Extract of Sarsaparilla, is extensively made in this city, chiefly from the common German extract, strongly flavored with liquorice and sassafras, which disguise its total want of the flavor of sarsaparilla. It is put up in six ounce bottles, containing half an ounce of the extract, and enveloped in a wrapper, flowing with high encomiums on its "invariably salutary and beneficial effects," and containing the proprietor's signature as a "caution" against "ignorant imitations" of so truly invaluable a remedy !

Dr. Dewees, in his Treatise on the Complaints of Females, has noticed a few cases of this most distressing malady, in which balsam copaiva and a lotion of the borate of soda speedily and perfectly succeeded.

This disease is probably a variety of chronic erysipelas, differing from that of the skin of the face, neck, and chest, from the peculiar delicate texture and secretion of the parts in which it occurs. It is a curious fact, that a topical application, which in one case has had a speedy effect in curing it, in another, apparently exactly similar in every respect, will often aggravate the disease. Generally speaking, we have found the constant application of a solution of acetate of lead with acetate of morphine in fresh elder-flower water, with attention to the stomach and bowels, and the internal use of the blue pill and extract of cicuta, to succeed. In some obstinate cases, the ointment of the prussiate of mercury has had a very happy effect, having succeeded in effecting a cure in the course of a few days. After rubbing a little of this ointment over the surface, it should be applied, spread on fine lint, so as to prevent the surfaces coming in contact. In cases of long standing, the cuticle is so much diseased, that no lotion or ointment can succeed till it has been destroyed by a weak solution of nitrate of silver, which, so far from increasing the irritation, considerably allays it. We have met with cases which were aggravated by oily or greasy applications, and by lotions, which gave way to the frequent application of a mixture of plain hair-powder, carbonate of lead, cicuta powder, and a small proportion of hydro-sublimed calomel.

Gaz. of Pract. Med.

VI.

CALOMEL IN SYPHILIS.

For the Boston Medical and Surgical Journal.

Mr. Editor,—I had the pleasure of reading, in one of the late numbers of your valuable publication, a series of remarks on the modus operandi of medicine, which appeared to me well worthy of being attentively considered, and followed up by new and careful observation. The leading idea there advanced was, if I mistake not, that the beneficial action of many articles, perhaps of most, in the materia medica, could be more conveniently referred to a counter-irritation, by which the morbid tendency in the system was checked, than to any other mode of action. One of the articles mentioned in illustration of this idea, was, if I recollect, calomel; the Protean character of which as a therapeutic agent is such, that, unless we consider it endowed with an actual intelligence of the necessities of the system in each given case, there seems no other mode left of accounting for the number and variety of its remedial effects. My interest in this subject has led me, since that time, to compare the phenomena resulting from the exhibition of this article, with the theory in question; and the result is, that I find myself irresistibly compelled to believe in its correctness. My object, at present, is not to state the grounds of this belief; but to suggest some ideas, founded on this theory, in regard to the use of calomel in one of those cases in which it is most frequently employed—I mean syphilitic bubo.

It is not my intention to enter at any length into the question, whether, and by what means, mercurial medicines form an antidote to syphilitic disease. I confess myself equally unable to comprehend the chemical process, described by some authors, according to which this medicine enters into and purifies the circulating fluid, or the evacuant theory of others, which represents the virus as being fairly washed out of the system through the salivary glands. That, under some forms, and in many circumstances, the disease is cured by mercurial treatment, is, I think, as fully proved, as a point of this sort is capable of being proved. I can, however, see nothing distinctly in this effect of mercurials, different from their operation as a powerful stimulant, and as transferring the irritation from the part affected, to those surfaces and textures on which it is found peculiarly to act. Now, in the case of bubo, there are two periods, in each of which the question as to the propriety and the amount of mercurial treatment distinctly presents itself. The first is, that in which the glands are enlarged and painful, but in which we still hope to obtain resolution. The second is, that in which suppuration is commencing, and in which the dispersion of the tumor, if possible, is yet very unlikely to happen. If we may believe the standard authors on this subject, mercury, in both cases, is the only remedy. "The resolution of these tumors," says Mr. Hunter, "depends principally on mercury, and almost absolutely on the quantity which can be made to pass through them. When suppuration has taken place, the cure depends on the same circumstances." Much to the same purpose, though not expressed in terms so decisive, might easily be quoted from other authors. To this view of the subject, however, I confess myself wholly opposed. The process by which the tumor proceeds to suppuration, and that by which the matter finds its way to the surface after its formation commences, appear to me to be as different in their nature as health and disease themselves. If, during the first, it is our duty to oppose the apparent tendency of the disease, it becomes not less so, in the second, to promote it. I would, therefore, in the first, prescribe low living and calomel, in the hope of producing, if possible, a change of action in the system; while, in the second, I should endeavor, by forbearing the use of any but the gentlest medicine, and enjoining a liberal diet, to encourage and assist the efforts of nature. The effect of giving calomel in this stage of the disease, must be, I think, to embarrass a process which is absolutely necessary, to render the cure more tedious, to aggravate the sufferings of the patient, and to impair his constitution. Nor are these conclusions, Mr. Editor, merely theoretical. In several cases which it has been my fortune to treat, I have faithfully followed up the mercurial treatment, after suppuration had commenced, without any apparent benefit; and when, induced by the failing strength of my patient, and the seeming inutility of the medicine, I have discontinued it, it has surprised me to remark how much more rapidly the abscess would advance to maturity, than during the time it was exhibited. Whether the eventual cure would have been more complete in these cases, and the patients less liable to secondary symptoms, had the constitutional treatment been persevered in, is a question too complicated in its general form for me to attempt to decide. It involves, in fact, the considerations both of the specific nature of the disease, and the specific character of the remedy—on neither of which points do I feel prepared to pronounce a decision.

In the above views, whether just or otherwise, I doubt not I have been anticipated by able practitioners; but I find myself confirmed, in regard to their correctness, by recollecting some valuable remarks of Mr. Broughton, an English surgeon, published in the London Monthly for July, 1829, and in part transferred to your pages shortly after. Mr. B. indeed recommends the treatment of bubo to be independent of the consideration of its cause; and condemns the use of mercurial medicine at every stage of its progress. This seems to be going too far and too fast in the road of improvement; but in regard to the difference of the *general* treatment in the two stages of this disease, I am happy to adduce the opinions of this author as entirely confirmatory of my own. "In the secondary state," he observes, "a generous diet, regular mode of life, and good air, are as essential to the patients, as are a low diet and reducing measures in the primary state." If this be really the indication after suppuration has commenced, the use of mercurial medicine is plainly contra-indicated; since it would be impossible to combine this treatment, in any considerable degree, with the indulgences alluded to. Indeed, so sure is its effect in impairing the digestive powers, that one of the most serious difficulties we meet with, in subjecting a patient to a mercurial course, is to induce him to forego all those articles of food, which, though perfectly harmless under ordinary circumstances, become, at these times, the fruitful sources of pain and danger.

Yours, &c.

MEDICAL JOURNAL.

BOSTON, MARCH 29, 1831.

STRABISMUS.

The common opinion in regard to the cause of this defect, as is well known, attributes it to a difference in the powers of the two eyes, in consequence of which the individual contracts the habit of using one eye only, the other being allowed to wander without any particular direction, and without aiding or impairing the vision of the first. In accordance with this view, it has been frequently remarked, that when the sound eye was closed, the direction of the optic axis of the other was immediately changed, the eye being so turned as to see the object. The practice usually recommended and adopted for this complaint, is founded on the same pathology. It consists in permanently excluding the light from the stronger eye, and thus making vision dependent on the other, until by use its powers are confirmed. Instances of cure, however, by this or any other mode of treatment, are very rare. In childhood, the importance of the object to be attained is seldom so realized by the patient, as to induce him to submit, for the requisite period, to a great inconvenience; and in after life, the effect of a plan which interferes with such long-established habit, must be very slow and tedious. It has however been denied, by some, that the pathology above given is the true one. The great objections to it are, that strabismus is very frequently congenital, and therefore cannot well be regarded as arising from a cause the operation of which must be gradual; and, secondly, that in certain complaints attended with diminution of the visual power in a single eye, as amaurosis, for instance, strabismus is not observed to follow. A late French writer on this subject, Dr. Pravaz, thinks that the affection is owing to a disturbance in the refracting power of the humors, such, that when the eye is directly turned towards an object, the image is formed on the insensible part of the retina, and that the eye is turned in order to compensate for this defect; such a disturbance, as he thinks, may arise either from an unusual position of the lens with respect to the pupil, or from any disease in the vitreous humor which would cause its density, and consequently its refracting power, to vary in different parts. Considering the cellular structure in which this humor is contained, it seems by no means impossible that the secreting vessels, which furnish some of these, may, from some accidental cause, produce a fluid of different quality from that which is poured into others, and the rays, in passing through the altered medium, be diverted from their usual course. In the case of morbid position of the lens, the eye would be turned, in order that the rays might fall on this part in a different direction, and be thence refracted on the luminous part of the retina.

There is certainly some force in the objection to the common theory that squinting may be, and often is, a disease of infancy. In truth, either from imitation, or in accordance with that singular law which visits the personal defects of parents on their offspring, the affection is often found to be hereditary. Yet, even in these cases, it is impossible to deny that the proximate cause may be that difference in the powers of the organs above alluded to; since it cannot be determined how long a time would be necessary for this cause to take effect. As respects the objection drawn from amaurosis, it does not, on the whole, appear very important. This affection is commonly supposed to consist in a partial or total insensibility of the nerves of the retina. In both cases, a true image is formed on the retina itself; but in one no impression, and in the other a feeble one, is conveyed to the mind. In neither case, however, is there any reason to believe that this image has any tendency to render less distinct the impression derived from that on the sound eye. Even in the case of total blindness of one eye from this cause, the visual axis of the organ might continue to be directed toward the object, either from habit, or from the natural tendency of the two eyes to act in concert. The affection which produces strabismus, although its nature is somewhat obscure, is certainly not an insensibility of the retina. If it were so, vision would be always impaired, and sometimes destroyed, by covering up the sound eye in the manner above mentioned. On the contrary, we find that the vision of the affected eye is often perfect in these cases, though maintained with considerable effort. On the other hand, if the individual affected with strabismus direct both eyes to the same object, the vision which follows is usually confused. These circumstances would tempt us to refer the nature of the debility which causes strabismus to inactivity or atony of the muscular structure, in consequence of which, as in old age, the rays may tend to a focus beyond the retina, and the image formed on this be confused and deceptive. But whatever be the true nature of the affection, as it is perfectly distinct from amaurosis in its character, so neither could this be expected to give rise to the same symptoms. That none of the obvious affections of the eye in adults should be followed by strabismus, is a circumstance well worthy of remark, though we are not certain that it militates more strongly against the common explanation, than against that above given.

In view of the considerations suggested, we are disposed to believe that the proximate cause usually assigned for strabismus, is, in the majority of cases, the true one: yet it by no means follows that other causes, of a more strictly mechanical character, may not occasionally exist. Such causes have indeed been recognised by most, if not all, ophthalmic writers; and among the varieties of strabismus, we usually find one described as of organic origin. To point out with confidence the nature of these organic changes, is not so easy a task. Almost any change of structure we can suppose in the refracting humors of the eye, would either be such as might produce total blindness, or would give rise to some peculiar symptom, wholly distinct from that now in question. The alterations suggested by M. Pravaz, as above mentioned, are both open to these objections. Supposing the lens to have its position altered with relation to the pupil, we cannot see how any motion of the eyeball, by which both iris and lens should be turned, would remedy the evil. The optic axis would, by such a movement, be directed to a different object; but the manner in which the rays from that object would fall upon the organ, must be the same as before. So also as regards a change of density in the vitreous humor. Such a change, if general, would doubtless increase or diminish the refracting power of the organ; if partial, would produce a double or confused image: but in what manner these difficulties would be obviated, by directing the eye to a different object from that intended to be seen, we are unable to perceive. Such a doctrine may be in accordance with the true principles of natural philosophy;—it seems to us to savor more of a love of novelty, and of that fondness for theory which is still unhappily the characteristic of our profession. The structure of the eye, even in health, is not to be understood without some study;—the precise changes which this structure undergoes, from the various diseases with which it is visited, will, many of them, as we apprehend, be ever concealed from the restless curiosity of man.

PREVENTION OF ABORTION.

An intelligent physician at Alabama, has been successful in carrying a patient through the usual term of gestation, in whom a tendency to abortion existed in an excessive degree. In the course of nine years, her hopes had been disappointed ten or eleven times, and always at about the fifth month. Numerous medical gentlemen of the highest eminence had been consulted, and a great number of methods been resorted to, to prevent the recurrence of the accident; but all to no purpose. Yet her constitution was strong, and the confinement consequent on miscarriage, always short. The course which finally succeeded was, the internal use of tincture of cantharides so as to keep up a constant strangury. The lumbar region over the spine was also kept excoriated by the terebinthinate decoction of cantharides. When the strangury was very painful, these remedies were intermitted, and the usual means of relief resorted to, and then the medicine was resumed. This is a case of great interest, and, to the practising physician, of the utmost importance.

Egyptian Surgery.—There are several interesting accounts, in the French Journals, of surgical operations of magnitude performed at the hospital *Abon-Zabel*, in Egypt. Among them we notice the ligature of the common iliac for an aneurism, in the diagnosis of which the stethoscope was used. The patient was well in a month.

Another operation which was successful, was amputation of the arm at the shoulder joint. M. Clot, the Surgeon of the Hospital, describes the last case in the following terms:—

I employed the method of Lafaye, as modified by Richerand, and consequently dispensed with the compression of the axillary artery. The patient being seated in a chair, with the arm extended horizontally, I took a long bistoury and made an incision from the inner part of the acromion, going downwards perpendicularly about four fingers breadth, and then a second, extending from the posterior part of the apophysis, and of the same size as the first. I next united these two incisions by a cross one, and dissected off the flap down to the humerus. I then divided the tendons and the capsule, and took out the head of the bone with great facility; finally the artery was divided, and tied in a moment. The whole occupied but a few minutes. I found the glenoid cavity rough, and stripped off its protecting cartilage, with a large portion of it in an unsound state: this I removed with a gouge and mallet, and, before laying the flaps in apposition, took away also a bundle of diseased glands that were situate on the anterior border of the axilla. The flaps were closely united with straps of sticking-plaster, and a suitable bandage. The patient was then put to bed, and ordered some ether draught, with an infusion of linden.

Living Skeleton.—A new living skeleton is advertised in Paris, which we judge, from the description given in the journals, to be the same who exhibited himself in this city, and of whom we gave some account, Vol. 3, page 68, and who returned to this country last week, "after an interesting tour in Europe." A correspondent of the Medical Gazette of London, thus describes this phenomenon :—

There is a new *anatomie vivante* at present in Paris. I went to see him the other day, and an extraordinary sight he is. Only think of a man of forty-two, measuring in height 5 feet 3 inches, and weighing not more than 4 stone (or 56 pounds) English—a most pitiable object altogether, though he affects to possess some muscular force, and is reputed to have been the father of four children, three of whom are living, but in too good case to be easily looked upon as the offspring of so miserable a wretch.

Dangerous Accident from the Escape of Gas.—During the night of the 18-19th of December, the gas by which the Hospital of St. Louis is lighted became suddenly extinguished in one of the wards, where some workmen and convalescents sleep ; after a short interval, however, the supply of gas being renewed, it flowed through the pipe into the room. The aperture was at the end of the ward, and at the height of about seven feet from the ground. At the same time, by accident or neglect, a brazier, containing ignited charcoal, was left in such a situation as also to diffuse its product through the room. M. Sabatier was called, about one o'clock, to visit a young man whose bed was near the door of the apartment, and who, having had occasion to go to stool, rose for that purpose, when he was seized with vomiting immediately, and fell down senseless. This accident had occurred about an hour before M. S. was called ; he could then speak with some difficulty, his pulse was frequent and compressible, he complained of weight in his head, and did not feel pain when pinched in various parts of the body. The air of the room had already been renewed by opening the windows. It was evident that he was improving, and that fresh air only was required to complete his restoration. M. Sabatier made him inhale a weak solution of chloride of lime, and next day he was able to go to his work. This person, however, was not the only one who suffered ; all those in situations exposed to the gas were seized with headach, nausea, and vomiting. The day after, eight still had headach, but only one retained the nausea.—*Journ. Hebd.*

Odoriferous Troches for Fumigation.—Take of

Benzoin in tears, 1-2 oz.
Storax calamita, 4 sc.
Dry balsam of Peru or Tolu, 2 dr.
Cascarilla, 4 sc.
Cloves, 1-2 dr.
Powdered charcoal, 1 1-2 oz.
Nitrate of potassa, 1 dr.
Volatile oil of orange flowers,
Tincture of ambergris, āā 1-2 dr.
Mucilage of gum tragacanth, q. s.

Form the whole into a paste, and shape it into little cones or triangular nails, about an inch high. Preserve them dry. By applying fire to the extremity, they burn without flame, spread an agreeable perfume, and may be used to fumigate the chambers of the sick.—*Virey's Pharm.*

Almond Paste for the Hands.—Take of

Almonds, sweet, 4 oz.
do. bitter, 4 oz.
Lemon juice, 2 oz.
Water, 1 oz.
Oil of sweet almonds, 3 oz.
Brandy of 19 or 20 degrees (B.), 6 oz.

The mass remaining after the emulsion of almonds has been made, may be employed for this purpose, though the perfect kernels are the best. To the almonds broken, are to be added gradually the lemon juice and oil, and afterwards the spirit to prevent fermentation, and the appearance of insects, which are very fond of this compound. It must be preserved in a covered vessel, and a small piece employed to wash the hands or face. It is said to render the skin very white and supple.—*Ib.*

Fatal Effects of Castor Oil on a Horse.—A case has recently occurred in England, in which the death of a horse was evidently produced by the effects of a quart of castor oil given as a purgative. It operated powerfully : but the animal soon died. On examination, a large intro-susception of the jejunum was discovered, and the mucous membrane of the stomach and intestines exhibited marks of severe inflammation.

Employment of Ice in Infantile Ophthalmia.—M. Rust states, in his Magazine, vol. xxx., that the application of ice has been very serviceable in the beginning of this disease, particularly when the inflammation is principally seated in the eyelids, and they are much tumefied.

Acoustic Chair.—Mr. Curtis, the well-known aurist, has invented a chair with an acoustic barrel and tubes, something on the principle of the Invisible Girl, for the benefit of the deaf and the old persons who are hard of hearing, and who, while sitting in it at their leisure, may hear conversation or reading in a low tone of voice, carried on by an individual in any part of the room. By means of pipes, also, a person whispering in a distant apartment can be distinctly heard. We have ourselves been seated in it, and were astonished at the ease with which we could distinguish the different voices of those engaged in conversation in an under tone, and also a tune played by a small musical box—which was as audible as if it had been standing on the table before us—in a room separated by a hall, &c., from the one in which the chair is placed. Upon the whole, we consider this invention as one of the most ingenious applications of the principles of acoustics with which we are acquainted.—*Lond. Lit. Gaz.*

Death by Asphyxia.—A very melancholy accident occurred in this city last Friday night. A man attached to one of the *night carts*, descended on a ladder into a vault, for the purpose of bailing out its contents. The vault was deep, and before he came within reach of the material, the mephitic air of the vault deprived him of sensibility, and he fell in. One of his fellow workmen, in descending to extricate him, suffered the same fate; and two others, in succession, were subjected to the same horrid accident. After a time, the neighborhood was raised, and all four taken out of the vault. Abundance of medical aid was very shortly at hand, but was exerted to no purpose on *two* of the unfortunate men. The two others were revived, and sent to the Hospital, where they will probably recover.

Whole number of deaths in Boston the week ending March 18th, 28. Males, 13—Females, 14. Stillborn, 3.

Of consumption, 11 ; croup, 3 ; drowned, 1 ; disease of the spine, 1 ; inflammation in the head, 1 ; infantile, 2; lung fever, 1 ; old age, 3 ; typhous fever, 1 ; ulcer, 1 ; unknown, 3.

ADVERTISEMENTS.

COPARTNERSHIP NOTICE. JOHN COTTON and DAVID CLAPP, JR. have taken HENRY S. HULL into copartnership, and the printing and publishing business, which has heretofore been conducted at 184 Washington St. in the name of JOHN COTTON, will be continued under the firm of CLAPP & HULL.

D. C. and H. S. H. will give their personal attention to Book and Job Printing, of every variety, which will be neatly and correctly executed, upon reasonable terms.

*** Booksellers and authors are informed that the printing of medical and other works, of any size, will be undertaken as above, and every branch of their mechanical execution will receive particular attention. March 29.

VELPEAU'S MIDWIFERY. This day received and for sale by CARTER, HENDEE & BABCOCK—An Elementary Treatise on Midwifery, or Principles of Tokology and Embyology. By Alf. A. L. M. Velpeau, M.D. March 29.

THE NATURALIST. Devoted to Zoology, Botany and Mineralogy, illustrated by Lithographic Prints, edited by D. Jay Browne, aided by distinguished Naturalists, and published monthly by Peirce and Parker, No. 9 Cornhill, Boston. Each number contains 32 octavo pages. Price, Two Dollars a year in advance.
March 22.

NOTICE. Those gentlemen who are yet indebted for the 1st vol. of the Med. and Surg. Journal, from Feb., 1828, to Feb., 1829, are hereby notified, that, after four weeks, the Proprietors of that Volume have authorized Mr. S. Smith to collect all that is due to them for it; and the present Proprietor respectfully requests that those indebted to him for the Medical Intelligencer, and the 2d and 3d vols. of the Med. and Surg. Journal, will forward all arrears. JOHN COTTON.

The subscribers above mentioned for said 1st vol., are hereby requested to remit payment for the same to the subscriber, at the office of the Boston Daily Advertiser.
SAMUEL SMITH, Agent for said Proprietors.
March 1, 1831.

COPARTNERSHIP NOTICE. The subscribers have formed a connexion in business as CHEMISTS, DRUGGISTS & APOTHECARIES, at Apothecaries' Hall, No 188 Washington Street, opposite Marlboro' Hotel, under the firm of JARVIS & PEIRSON.
NATHAN JARVIS.
GEORGE W. PEIRSON.

EUROPEAN LEECHES.

J. & P. have a few fine European Leeches—to the application of which, when directed by Physicians, they will attend without any additional charge.
Feb. 8.

WILLIAMS ON DISEASES OF THE CHEST. This day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By Charles J. B. Williams. Dec. 6.

BECLARD'S GENERAL ANATOMY. CARTER, HENDEE & BABCOCK have this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. Beclard, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By Olivier, M.D. Translated from the French, with Notes. By Joseph Togno, M.D., Member of the Philadelphia Medical Society. Dec. 28.

The Boston Medical and Surgical Journal is published weekly, by John Cotton, at 184 Washington St. corner of Franklin St., to whom all communications must be addressed, *post-paid.*—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for common newspapers.

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, APRIL 5, 1831. [NO. 8.

I.

ON THE PRODUCTION OF WORMS IN THE HUMAN BODY.

THE following remarks are taken from an ingenious paper lately published in the Glasgow Journal by Dr. J. Scouler, Professor of Natural History in the Andersonian University.

Do worms originate from a spontaneous generation? Generation, or the production of a living being, consists, if we separate it from all accidental circumstances, in a separation of a portion of the parent animal, which is endowed with independent vitality. This portion is formed in the ovarium of the female before she has any intercourse with the male, and the principal effect of the spermatic fluid is to excite the dormant powers of the germ into action, and to modify its form. This is the essence of generation properly so called; but there is another way in which animals, or parts of animals, may be produced. If we cut off the leg, or extirpate the eye of a water newt, these parts are again restored after the interval of a few months, and only differ from those which had been destroyed in being a little smaller. The claws of lobsters and the rays of star-fish are reproduced in the same manner. In the lower animals, this process reaches its maximum of development, and becomes a new mode of continuing the species. If we cut a polype into two portions, and the circumstances be favorable, each section becomes a perfect animal. Many worms, if divided in this manner, grow under the knife, and, if abundance of food be supplied, the division may be continued ad infinitum. A very common fresh water worm, the Planarea of naturalists, if well supplied with food, exhibits this process spontaneously. The animal begins to swell, and several fissures appear on its surface, and it gradually separates into several distinct portions, each of them becoming a perfect animal. Hence generation, by means of sexes, is not necessary for the continuation of animals, and the law of Harvey, *omne vivum ex vivo*, must be changed into *omne vivum e vivo.* This mode of reproduction is by no means rare among the simpler animals; indeed, it appears to be the only one by which the infusory animalcules are propagated.

Having proved that generation, by means of two sexes, is not essential for the propagation of many animals, we are prepared to advance a step further, and maintain that entozoa may be produced by the animal which they inhabit. When we consider the extreme complexity of the organization of the more perfect animals, and vast variety of tissues which enter into the composition of their organs, we may grant that it is not impossible that the vessels which erect such delicately constituted parts may form others of far greater simplicity. Thus, in many diseases, tumors and tubercles are formed in the organs of animals; and these new formations possess a structure as different from any of the regular tissues of the animal which produced them, as the texture of an entozoon does from that of the creature it inhabits. These tumors may be considered as possessing a degree of vitality peculiar to themselves, and only deriving their nourishment from the body to which they are attached. In the same manner, after rupture of the uterus, when fortunately for the parent she survives the accident, the fœtus becomes encysted, we have a phenomenon of the same kind, the fœtus retaining a portion of its vitality, and the requisite nourishment is derived from the vessels of the mother.

In the instance of tumors and tubercles, already alluded to, their origin is doubtless to be accounted for from a deranged action of the assimilatory arteries, which is of two kinds: in the first they produce a formation which is analogous to the regular structure of some other part of the body, as ossifications and steatomatous tumors. When nutrition is still more deranged, parts are formed which possess no analogy whatever in the healthy state.

Now, it is not improbable that many entozoa owe their origin to a process similar to that we have described. Worms are always a consequence of a diseased state, and when they produce bad symptoms, it is from some accidental circumstance depending on their size, numbers, movements, or from the importance of the organ in which they are found. So that there is a diathesis peculiar to most organic diseases; there is also a verminous diathesis. In support of this, it may also be added, that worms differ from all other animals in being intimately dependent on the organization which they inhabit, for the continuation of their existence; and, in this respect, the parallel between encysted worms and the encysted fœtus, already mentioned, is perfect in every point of view. As the mode of nutrition in every animal is, to a certain degree, *sui generis*, so the worms which they produce are also peculiar.

To express clearly the manner in which worms are supposed to be formed, and to prevent mistakes, we will condense what we have said in a few words. It is not maintained that entozoa are produced from the fluids found in the intestinal tube or in the tissue of organs; but that their germs are formed by some aberration of nutrition, in a manner similar to that in which other new formations originate, and that this germ becomes endowed with an independent vitality, and is evolved into a worm.

The consideration of hydatids affords us a proof of the manner in which entozoa are formed. These cysts are of two kinds—those which are mere serous vesicles, and those which are true entozoa; but the transition from the one to the other is very gradual. We first observe a serous cyst, smooth, polished within, and containing a limpid fluid, and exteriorly fibrous. The next kind, the Acephalocysts of Laennec, consists of an internal fibrous capsule, containing a cyst, which is very thin and transparent, filled with fluid, but destitute of a head or any distinct organs: these are intermediate between the cysts of the first kind and the true entozoa; so that some writers include them among the common hydatids, and others among the entozoa. We have next the Echinococcus, which is included in a fibrous cyst like the preceding, but contains in its interior many little bodies, which are acknowledged by all writers to be true worms. From these the transition is easy to the cysticerci, with a head like that of a tape worm, attached to a transparent cyst, included, as usual, in a fibrous one. Lastly, we have often found round worms included in such cysts. These facts afford a strong proof to the theory we have adopted.

There are several objections which may be urged against this theory, which it is necessary to notice. As many entozoa have distinct organs of generation, and some of them have individuals of both sexes, and possess a very complicated organization, it has, with great propriety, been urged, that there is no need for seeking any other way of accounting for their propagation than the usual one, and that it is contrary to every analogy to attribute their formation to the process we have described.

To this remark it may be replied, that it has already been demonstrated that the ova of entozoa cannot travel through the tortuous paths of the circulatory vessels; and, further, many worms, as the hydatids for example, possess no genital apparatus. Nor is to be ascertained that, if the theory we have advanced be correct, organs of generation are of no use; for, if a worm be once formed, it then propagates its species in the usual manner. A still greater alleviation of this objection is derived from the fact, that many animals, endowed with organs of generation, are frequently propagated by a process totally distinct from it, namely, by a division of their bodies.

Another objection is, that if entozoa were produced in the manner described, we should have nothing regular and determined in their forms, but that new animals of monstrous forms and confused organization would be daily arising.

Nature, however, leaves nothing vague and undetermined in her work; and the production of entozoa is regulated by fixed and unchanging laws. The same modification in the nutrition of an organ, which produced the first intestinal worm, still continues to operate, and consequently the same animal is formed. We might as well expect to have new diseases springing up every day, and that laws, which regulate the formation of a cancer or an exostosis, should be different in every individual. Nature is always uniform in her operations, and even her most irregular productions are governed by regular laws. Even monsters, which, for a long time, were supposed to be the production of some fortuitous concourse of circumstances, can now be classified and described, and the laws of their formation ascertained with as much precision as those which preside at the origin of a regularly organized individual.

A third objection which may be urged is, that according to this theory, if worms are produced in the manner it supposes, we should have some regular apparatus, of a temporary nature, at least, set apart for their production.

We may reply to this argument, that there are many parts formed in the bodies of animals differing completely from those which are found while it is in a healthy state, and yet we see no apparatus by which they are called into being. We see no apparatus for the production of encysted tumors, or for the formation of earthy matter in the valves of the heart. In these instances, as in the origin of entozoa, we have merely to attribute all these phenomena to the aberrations of nutrition, which constitute the essence of every disease, and the chief cause of every organic change.

II.

ST. VITUS'S DANCE.

With the view of determining the comparative efficacy of the several remedies which have been recommended by different practitioners for the cure of St. Vitus's Dance, Dr. Bardsley has given each a fair trial at the Manchester Infirmary, viz., " purgatives, antispasmodics, (*as camphor*, *opium*, *valerian*, *sulphuric ether*, *musk* ;)—tonics, (as the sulphate and carbonate of iron, oxide and sulphate of zinc, nitrate of silver, ammoniated copper and iron, the arsenical solution and sulphate of quinine ;) also iodine, strychnine, electricity, the shower bath, friction, with the tartar emetic ointment and blisters along the whole course of the spine. All the remedies, the doctor says, he has found successful, except the purgative treatment so highly extolled by Dr. Hamilton, which frequently failed ; but these failures, says he, may have been " occasionally owing to a want of *due* perseverance in its employment." " Whoever undertakes the cure of St. Vitus's Dance," observes Dr. Hamilton, " by purgative medicines, must be decided and firm to his purpose ; the confidence which he assumes is necessary to carry home to the friends of the patient conviction of *ultimate* success ; otherwise their prejudices will throw insurmountable obstacles in the way."

According to Dr. Hamilton's reports of the efficacy of his system, it generally succeeds in curing the disease in ten days or a fortnight. Dr. Bardsley, who has given this mode of treatment an extensive trial, asserts, that he has " rarely met with examples which yielded so quickly to it ; but, on the contrary, that several weeks have sometimes elapsed before a perfect cure has been established." Dr. James Johnson's experience is also opposed to that of Dr. Hamilton ; for he remarks, " purgatives are not even generally successful in this disease, when trusted to alone : " as auxiliaries, the doctor has found them occasionally to prove beneficial. Dr. Reeves, physician to the Norfolk and Norwich Hospital, says, in the course of sixteen years, he had seen thirty-five cases of St. Vitus's Dance, all of which, except one, got well under every variety of treatment, from the most powerful down to the most inert and apparently inefficacious remedies. During a period of thirty-six years, the medical department of this institution was conducted by eight different physicians, whose mode of treating the disease varied very considerably ; yet, in its cure, success was very nearly equally divided among them. Dr. Lubbock *always* prescribed preparations of iron, and never had recourse to purging ; and he assured Dr. Bardsley that " he never failed of success." Dr. Bardsley states, " that he has found antispasmodics, with purgatives, the *speediest and* *most invariably successful mode of curing this affection.* The doctor has chiefly prescribed musk and camphor, in the dose of four grains each, every five hours, and four or five ounces of the assafœtida mixture, with from twenty to thirty drops of laudanum, according to the age of the patient, to be administered clysterwise every night. Relapses have not unfrequently taken place; but the disease was again speedily cured by the same means. When the head is painful, as often happens with young females afflicted with this disease, the doctor found leeches and blisters, applied to the temples and behind the ears, valuable auxiliaries.

The celebrated surgeon Dupuytren, has of late years successfully employed a mode of treatment, which admits of being easily carried into effect, viz., the cold bath, or cold affusion, in the following manner:—The arms and legs of the patient being held by assistants, the whole body is rapidly passed through a cold bath. The immersion, which lasts but an instant, is to be repeated five or six times in the space of fifteen or twenty minutes. At first, violent spasms of the muscles—especially of those of the chest—are produced, and the shock experienced is very disagreeable, which habit soon diminishes. After the immersion, the patient is carefully rubbed dry, and he is made to walk about, and take rather violent exercise, for half an hour, or an hour. At the end of a few days, some improvement is almost always evident; and, occasionally, in the course of fifteen days or a month, the disease, which has existed many years, is so effectually cured, that no trace of it remains. For female patients, he usually prefers the simple affusion of cold water over the head and body. The patient is placed in an arm-chair, and the affusion is repeated seven or eight times in succession. The effects of this treatment, he says, are very similar to those which arise from immersion, and are equally successful in subduing the disease. Baron Dupuytren has lately published several cases of St. Vitus's Dance, in which these modes of treatment fully succeeded. Attention was paid to the alimentary canal.

During the early stage of St. Vitus's Dance, particularly when the system is plethoric, with a determination of blood to the head, the free use of a purgative medicine, as the infusion of senna, and the application of cold water to the head for three or four minutes every morning, often succeed in curing the disease in the course of a fortnight; but, after the vital powers have been reduced by a continuance of the malady, particularly in a leuco-phlegmatic temperament, purgatives, employed as directed by Dr. Hamilton, frequently aggravate the disease, and induce a most dangerous degree of debility. It is during this period of the malady, and particularly when the patient is chlorotic, that preparations of iron and other tonic medicines have succeeded. The following embrocation rubbed along the whole course of the spine every night and morning, with the application of cold water to the head for a few minutes every morning, or whenever the forehead is unusually hot, and such internal medicines and regimen as the state of the stomach and intestines and the constitution may indicate, I have never found to fail in curing the disease in ten days or a fortnight:—Take of Camphorated Spirit, two ounces; Oil of Rosemary, one drachm; Solution of Acetate of Morphine, two drachms. Mix.—*Gaz. of Pract. Med.*

III.

ON DRY FRICTION.

The efficacy of this remedy has the high authority of the renowned Boerhaave, who observed acutely, and reported truly, in his medical pursuits. It has been adopted in succeeding times too desultorily, and with insufficient reliance on its remedial power, to have obtained a just estimate of its intrinsic and practical worth. In all the various affections of the digestive organs, especially in the sluggishness of the liver, and of the peristaltic action of the intestines, friction, well performed, over the whole abdominal region, with a flesh-brush, during half an hour at a time, repeating it at least every night and morning, will probably, in the course of a month, accomplish more than could be effected by any medicinal agency that could be employed. Its influence in promoting a free transmission of the circulating fluids through the viscus within the reach of its power, is greater than may be imagined, and will be found on trial to be extremely availing. The mechanism exerted by this remedy, awakens and propagates motive power more efficiently, perhaps, than could be produced by any medicinal quality, however impressive and energetic.

The practical advantage of friction is its simplicity and the manageable nature of the excitement that results from its use. Instead of the incipient impression of its power being made on the stomach, and hence extended, more or less generally, over the frame, according to its specific properties, as in the case of remedies taken into that viscus, its effect is definite, and admits of the most precise regulation conformably to the curative object intended to be fulfilled.

Not only the abdominal viscera, but also those of the thoracic cavity, are accessible to the effects of friction in a manner that may powerfully alleviate and often cure many of the incidental maladies to which they are liable. Irregular and palpitating action of the heart, and the various derangements of the pulmonary system that are apt to originate the different states of consumptive disease, may be advantageously assisted by friction over the chest, so conducted and pursued as at once to restore, when defective, a healthy transit to the circulating fluids in the subjacent viscera, and to induce and sustain a derivant excitement over the cutaneous surface of the thoracic cavity. Patients, in these cases, should be well rubbed every night and morning by an able assistant, during half an hour at each time, persisting in it as uninterruptedly as the state of the skin will permit. It will occasionally be rendered too irritable to allow an uninterrupted continuance of the remedy. At that time it will be comparatively unnecessary, in as far as any remedial influence which it may possess is, pending that state, under active exertion. In cases of languid circulation in the upper and lower extremities, and also in every instance of chronic pain in the ligamentous, tendinous, and muscular structure, friction may be beneficially employed. Its efficacy in enlarged and inflamed joints has been long established, yet its powers in those cases have not been sufficiently appreciated and regarded. The mutilating knife has often obtruded its officious but mistaken aid, in detaching limbs which might probably have been preserved by the salutary efficiency of friction, rendered adequate to its object by unwearied prosecution.

Ibid.

NEW PESSARY.

To the Editor of the Boston Med. and Surg. Journal.

SIR,—I was favored, a few days ago, with the 1st No. of the N. Y. Medical Journal. After reading Dr. Beck's Address, Dr. Avery's paper upon the Professions in England and France, with his very illiberal remarks upon Mr. Brodie (for which he is repaid in the Review of his work on Dyspepsia), I next came to a well-written practical Essay on Prolapsus Uteri, by Locke Barber, M.D., &c. &c., read before the N. Y. Medical and Philosophical Society,—a disease which gentlemen in extensive obstetric practice often meet with, and as often fail in giving permanent relief, without the aid, either of the natural pessary of pregnancy, or one made of the many substances, compositions, or shapes, suggested by different authors, ancient and modern. Wood, silk, linen, elastic gum, cork-wood, box-wood, ebony, steel, silver, and even gold, have all had their advocates in turn. The round, oval, flat, globular, and so forth, have been equally praised for shape. Towards the latter part of Dr. B.'s Essay, he strongly recommends a globular air pessary, of which he appears to consider himself the inventor. He thus expresses himself:—" The instrument which has been alluded to for supporting a prolapsus of the womb, and the one which *I have had the honor to introduce into practice*, is of a globular shape. A bag of elastic gum, of a suitable size, is secured, perfectly *air-tight*, to a tube of ivory and silver. The tube contains a valvular mechanism, capable of retaining such quantity of air as may be introduced into the bag, which is done by means of other tubes, and a large elastic bottle, so that the pessary may, with the greatest ease, be either inflated or exhausted, after it is introduced into the vagina. By a reference to the plate and explanation, a better idea of its principle may be gathered, than from any other description. In 1829, Dr. Painehaud, an intelligent and extensive obstetric practitioner of Quebec, read before the Quebec Medical Society* a paper on Pessaries—an extract of which I have obtained in the words and language of the author.†

" You will recollect, gentlemen, that at the close of the last paper which I had the honor to present to this Society, reference was made to a new pessary which I had invented. Having tested its value by subsequent experience, I propose this evening to explain to you its peculiar construction. The subject is one of much more importance in practice than is usually accorded to it." * * * * *

---

* The Quebec Medical Society has been in existence some years;—papers of considerable merit remain on their shelves unpublished; and if asked why, I should be at a loss to answer.

† This extract was sent us in French—the language in which the paper was originally written and read to the Society. In order to save the reader some trouble, we have hastily translated it into English, preserving certainly the facts, if not the precise diction of the author. Our correspondent will excuse us for omitting part of the extract sent. On examination, he will find it irrelevant to his purpose.—ED.

"In surgery, as in other arts, we are all influenced by a love of invention, but the great error is that we are too ambitious—we are emulous of splendid discovery, and disdain to give our attention to subjects of small pretension." * * * * "In all sciences, discoveries, often the most important, are the result of accident; and it is to accident alone that I am indebted for the pessary I am about to describe."

"A few months ago, I was present at an operation, by a professional friend, for *fistula in ano*. Hemorrhage became alarming, and not being able to apply a ligature, or sufficient pressure to arrest the bleeding, the operator directed compresses wet in iced water to be applied constantly. It occurred to me to introduce into the rectum an empty bladder, of small size, and then to fill it with cold water by means of a syringe: I then drew it outward (having secured its neck) until it pressed against the bleeding vessels with force sufficient to arrest the hemorrhage; and thus was the life of the patient saved. Reflecting on the possibility of applying this remedy in other and often dangerous cases of internal hemorrhage, the idea of its use as a *pessary* suggested itself to my mind; and in the *bladder of a sheep*, I found a pessary of a construction heretofore untried, and of a material analogous to that of the parts with which it is to lie in contact;—an instrument readily obtained; easily introduced when empty of air; easily removed by letting out the air, water, or other liquid with which it had been injected; easily retained in its place, as it becomes larger than the passage through which it was introduced; and worn without pain to the patient, so similar is its material to that of the part on which it rests. It is scarcely possible, in fact, to find in any instrument a more perfect adaptation to the purposes for which it is designed."

"Having communicated this discovery to Dr. Morrin, that skilful practitioner thought it deserving the attention of the profession, and proposed, as a substitute for the bladder, the gum-elastic bag, such as is used for injections in cases of hydrocele."

Being present at the reading of the above paper, I understood Dr. Morrin to say, in addition to his suggestion about the hydrocele bottle, that one made of the same substance, but circular and hollow, to be inflated in the same manner, would, he thought, be preferable to either, inasmuch as it would not necessarily have to be removed during menstruation; and concluded by regretting he was going to contest Dr. B.'s claims as the inventor of the Air Pessary. Opening at the moment the 3d edition of Dr. Aitken's Principles of Midwifery, or Puerperal Medicine, published in London in 1784, he read as follows:—"Supporting the replaced uterus is not a little difficult. It is attempted, 1st, by a pessary; 2d, bandage.—*Pessary.* Of all the varieties of this instrument, that is preferable which possesses the following qualities,—1st, smoothness; 2d, lightness; 3d, compressibility. I have invented the Air Pessary, which has these characters in a greater degree than any other I know of. The Air Pessary is formed of a small bladder or bag, soft and air-tight, with a valve at the orifice. It is introduced, and then duly inflated, by the patient, by a long flexible tube, which is immediately retired. This instrument, while it is exceedingly light, fully occupies the vagina, and supports perfectly the uterus. When it is wished to retire it, the valve is forced, and immediately it collapses" (see plate xi). During the reading, and for some minutes after, the palsied and astonished countenance of the Dr., at being so suddenly and unexpectedly deprived of his claim as the inventor of the Globular Air Pessary, satisfied every member present that he was no plagiarist, but truly the inventor of what turned out to be an "old friend with a new face." The above, Mr. Editor, is an unvarnished and plain statement of facts, as I became acquainted with them. I should hope there has been no literary pilfering among the competitors.

Yours, &c.

A Quebec Subscriber.

MEDICAL JOURNAL.

BOSTON, APRIL 5, 1831.

It will give us pleasure, should it be in our power, to afford assistance to any subscriber, in procuring for him, from England, any professional work he may be desirous of obtaining. As physicians who reside at a distance from the sea-coast may value some such facility, we beg them to command our services. No charge will be made other than the original cost, and the expenses of importation. Our friends will remember that all letters to the Editor, on the above or any other business, should be *postpaid*. This condition, we are happy to say, has been very generally observed by those who have favored us with communications. In future, we trust it will be so universally.

MEDICAL TARIFF.

We acknowledge the receipt of a copy of the "Quebec Medical Tariff," or, as we term it here, *Medical Fee-bill*. It seems that no method was adopted by the Faculty of Quebec, for the purpose of regulating their charges, until about a year ago, when some movement towards this point was made, and a meeting called, by Dr. Holmes, the senior medical practitioner of that city. The result has been, the establishment of a fee-bill, such as is common in this country, and has been practised on in this place for the last 24 years. The charges at Quebec appear to be very reasonable,—generally higher than in Boston, but less, we believe, than in any other city in the States.

In the Quebec Tariff there are three classes of fees—but whether adapted to different classes of patients, or to be taken by physicians according to the time they have been in practice (as recently proposed in England), we are not informed. In either case, the plan appears to us very objectionable; and we apprehend our Canadian friends will find, that the tendency to the third class of charges will be constantly increasing, and the first will shortly become a dead letter—a lure to young men to settle under its auspices, but a standard which will not be maintained, in actual practice, whilst two that are lower stand prominent by its side. It appears to us, that, in all places, a definite value should be set by the faculty on every kind of professional service. This should be liberal, and proportioned to the time, skill and anxiety expended in performing it, and be charged *in all cases*, excepting only to the poor, to whom medical aid is rendered, in every country, gratuitously and cheerfully. In a few instances, circumstances may require some diminution of the gross amount of a bill; as for example, when protracted illness in a family has both swelled it to a very large sum, and made serious inroads on the resources of the debtor. Cases, however, requiring deviation from a uniform practice, will not be found very numerous. A fair and proper compensation for medical attendance, is paid as promptly by the retailer of tea and sugar, as by the flourishing merchant; by the mechanic of moderate fortune, as by the grandee who rolls in idleness and wealth.

STAMMERING.

Our readers cannot fail to remember the explanation of this singular affection proposed by Dr. Arnott in his treatise on Physics, which went the round of the periodicals, both medical and popular, about six months ago. Dr. A. attributed it to clonic spasm, and placed the seat of it in the glottis. But this mode of accounting for the disease, though ingenious and plausible, is not sufficient to explain all the phenomena it presents. That it is for the most part spasmodic, and independent of any organic defect, we have no doubt; but what are the muscles particularly concerned, it is not so easy to decide. The subject has lately attracted considerable notice in the French Academy, in consequence of a memoir there offered, containing a new, and, as is said, very successful mode of treatment. It appears that the author, M. Colombat, views the disease in the light above mentioned, as dependent on an imperfect control of the organs of voice, and that the remedial means proposed by him have for their object to induce the patient to avoid precipitancy, and to utter every word with attention and care. Among the means employed to promote this effect, some are mechanical, as the holding pebbles in the mouth after the manner of the Greek orator; and others depend on the introduction of some regulator or standard by which the rapidity of the enunciation should be measured. Among these are mentioned certain movements of the lips; movements of the tongue itself, independent of those required for speaking; and the motions of respiration. By either of these, or by all in succession, the rapidity of utterance is to be measured; but in what precise manner M. Colombat proposes to apply them, we are not informed. It appears, however, that the committee who report on his method, had examined several individuals on whom it was tried, and who, by means of it, had conquered the defect. It would appear, indeed, from this and other observations, that it is sufficient to give the tongue a position which cramps its movements, and increases the effort necessary for utterance, in order to produce, at least for the time, a distinct enunciation. The effect of these expedients, however, is necessarily temporary; and without a greater degree of resolution and perseverance than most persons can command, a permanent cure in any case is scarce to be expected. It is a curious fact, that of the individuals affected with this complaint, by far the greatest proportion are men.

REUNION OF DIVIDED PARTS.

One of the most remarkable phenomena dependent on the laws of vitality, is that by which organized parts, previously distinct and separate, unite, on being placed in contact with each other, so as to form together a single organized body. It is not an uninteresting subject of inquiry, under what variety of circumstances this process is found to occur, and what favorable results may be expected from the operation of this law in the human body, in cases of severe injury from violence or accident. In the familiar process of grafting, as commonly practised in vegetables, a vascular communication establishes itself between two parts previously strangers to each other, but each having before made part of a living plant. In this case, we infer that the vessels of both parts retain unimpaired their irritability, that is, their power to receive fluids presented to them, and to transmit these fluids in a certain direction to subserve the processes for the growth of the plant. This circumstance constitutes one of the conditions necessary for the success of the operation. Another equally essential is, that the parts thus applied possess a certain degree of analogy in their structure and functions; that the form of the fruit, the density of the wood, the quantity of sap it requires, and the period of the year in which it ascends, should be nearly the same in each. It is only within these limits that the union of different plants can be successfully accomplished; and beyond them we have reason to suppose that the operation, however well executed, will fail to effect its purpose.

The process of grafting or inoculation in plants, has been, in all its essential parts, precisely imitated in experiments on the animal texture. In the celebrated experiments of Hunter, parts were transferred from one animal to another, and to different situations in the same animal, and were found to unite and grow without difficulty. In these cases, the transfer appears to have been immediate, and it does not appear that any attempt was made to determine what interval might be allowed to elapse without defeating the object. One of the most remarkable of these, was that in which a human tooth, transplanted into the comb of a cock, took root and remained permanently fixed. The piece is now shown in his museum. The comb has been injected, and the coloring matter evidently appears to have passed into the vessels of the tooth.

These facts, it is evident, would afford ground for the inference that a similar union might take place between parts of the human body, either having previously no connection, or of which the connection had been severed by accident. It does not appear, however, whether those who first practised operations with this view, were guided to them by any reasoning founded on these data. In the celebrated operation attributed to Tagliacozzi or Taliacotius, neither the previous solution of continuity, nor the circumstance that the opposed parts were from remote situations in the body, or were furnished by different individuals, was considered as forming any obstacle to the union. Indeed, it is said that the nose was generally supplied from that portion of the integument of another individual which could best be spared. What makes it probable that the idea of inoculation was kept in view, is the singular prejudice adopted, that the borrowed part would not survive the individual from whom it was derived; a doctrine to which Butler coarsely but humorously alludes, in a passage of Hudibras, too familiar to require quotation. This operation has, within a few years, been repeatedly performed, although, as we apprehend, unaccompanied with the circumstance, above mentioned, of obtaining the part from the person of another. Indeed, as the Taliacotian operation is now practised, the detachment of the part which furnishes the lost member is not complete, and therefore it scarce affords a true illustration of the principle.

Another class of cases, however, namely, those in which an exposed part, like a finger, has been completely severed from the body, occurs much more frequently; and the knowledge of the possibility of union, and of the means by which it may be effected, is important both to practitioners and to the public. It is very certain, that, notwithstanding the number of cases which have occurred, and the conformity of the general principle to the well-established laws of organized matter, the principle itself is still doubted by many, and the particular facts which go to confirm it are reluctantly admitted. That the subject should be thus regarded, even by persons of some observation, is not unaccountable; for the aspect and sensible qualities of a portion of animal substance, when separated from the body, is by no means such as to inspire the observer with any very lively hope of its reanimation. The pale color, the bloodless surface, and still more the loss of animal heat, communicate an irresistible conviction of the death of the part; and it requires some effort of the mind to resist this conviction, and to adopt promptly and vigorously the means of affording relief. Did these cases always come at once under the care of a surgeon, this prevalent scepticism would be of less importance. But accidents of this kind are frequently occurring, where the attendance of a medical man cannot be obtained for hours, or perhaps is not applied for at all; and thus a serious mutilation is suffered, which a judicious and timely aid might have averted. Even among practitioners, we apprehend the idea prevails, that assistance, to be of use, must be immediate; and that, after a short, though uncertain interval, union becomes impossible. It may perhaps be gratifying to such of our readers as have any doubt on this subject, to peruse the following account of some of the cases on record in which wounds, with entire solution of continuity, have been successfully treated by union of the divided parts. We select them from an article in a highly respected contemporary, and believe that the facts, without exception, are sustained by unquestionable authority.

1, 2. In the two first cases mentioned, a small portion of the finger was taken off by a cutting instrument, and immediately reapplied by the persons present, without any surgical aid. The wounds readily healed.

3. In the third case, a joiner, by the name of Salembier, carelessly cut off entirely the end of his finger, just below the last articulation. Leaving the finger in the shavings where it had fallen, he went to seek assistance. A young man was sent to look for the finger, which was applied about fifteen or twenty minutes after the separation. Reunion took place.—This story is told by M. Percy, in the Diction. des Sc. Med. Art. Ente animale.

4. Another case was reported by Balfour, a Scotch surgeon, about fifteen years since. Two men came to him, one of whom had just cut off the forefinger, but had left it in the place where the accident happened. His companion went for it, and returned in about five minutes. The finger was cold and colorless. The surgeon remarked at the time, that, in appearance and consistence, it resembled a piece of suet. The incision was oblique, extending from the second to the third phalanx. Adhesion took place without accident.

5. Heister relates that a butcher's wife having completely severed one of her fingers, the detached part was reapplied, and kept in place by a bandage, till it perfectly united.

6. A surgeon having been sent for in the case of a workman who had cut off part of the forefinger of the right hand, did not arrive till a quarter of an hour had elapsed from the time of the accident. The part was then replaced, and united readily, although the wound was oblique, and extended across an articulation.

7. A Dr. Bailey mentions a case which occurred at the village of Thetford in England. A finger remained nearly an hour and a half separated from the hand, yet was reapplied with success.

8. A more remarkable instance, which occurred recently, is mentioned in the Bulletin des Sc. Med. for Feb., 1830. A man, in cutting wood, took off the first phalanx of his little finger. Two hours afterwards, he presented himself to the surgeon with the fragment in his pocket. The part seemed entirely dead. It was, however, reapplied, and secured with a plaster and bandages. At the end of three days, the parts being examined, were found to have united in two or three places, and the extremity of the cut finger exhibited decided proof of vitality. The dressing was continued, and in three days more the union was complete.

It would appear from the above cases, that a reunion of divided parts has occurred, even when the separation had continued for the space of two hours. Within this period, therefore, there would seem to be sufficient encouragement for making the attempt; since a failure would not at all diminish the means of healing the stump by subsequent granulation. It is almost unnecessary for the general reader, and entirely so for the practitioner, to be reminded of the importance of an exact adjustment of the parts to each other, and of employing means by which the apposition may be accurately maintained, until union has either been effected, or appears evidently impracticable.

ILLUSTRATION OF S. COOPER'S SURGICAL DICTIONARY.

A work with this title is now publishing in London, and bids fair to constitute a very valuable appendix to that celebrated and useful work. It is publishing in monthly numbers, each containing four lithographic prints, in which are to be given a faithful illustration of all the diseases treated of by Mr. Cooper, with references to the text. The first few numbers, which are already before the English public, are said to be very neatly and correctly executed.

ELEMENTS OF SURGERY.

Mr. Liston has published the first part of his "Elements of Surgery." The work will embody the useful practical part of his lectures at Edinburgh, and in it, all speculative discussion will be avoided, and the author will confine himself to facts and illustrations. If this work proves such as the talents, skill and enterprise of its author lead us to anticipate, it will form a most valuable text book to the surgical student.

Davy's Voltaic Battery more Powerful than the Artillery of Britain.—Let the reader only recal to his recollection the bitter animosity which France and England mutually entertained towards each other in the year 1807, and he will be able to form some idea of the astounding impression which the Bakerian Lecture must have produced on the savans of Paris, when, in despite of national prejudice and national vanity, it was crowned by the Institute of France with the prize of the First Consul! Thus did the Voltaic battery, in the hands of the English chemist, achieve what all the artillery of Britain could never have produced!—a spontaneous and willing homage to British superiority!—But let not this observation convey the slightest idea of disrespect, or be supposed to encourage any feeling to the disparagement of the chemists of France; on the contrary, it is even a question not readily answered, to which party the triumph fairly belongs,—to him who won the laurel crown, or to those who so nobly placed it on his brow? They have set an example to future ages, which may as materially advance the progress of science, as the researches which called it forth:—they have shown, to adopt the language of an eloquent writer, "that the commonwealth of science is of no party, and of no nation; that it is a pure republic, and always at peace. Its shades are disturbed neither by domestic malice nor foreign levy; they resound not with the cries of faction or of public animosity. Falsehood is the only enemy their inhabitants denounce; truth, and her minister reason, the only leaders they follow.—*Med. Gaz.*

Steam Doctoring.—We are indebted to the *Wreath*, an entertaining weekly paper, edited by Dr. Lucas O'Brien, and published at Fell's Point (Baltimore), for the following sportive notice of an extended and mischievous branch of quackery. The consummate impudence and self-satisfied ignorance of the steam practitioners, would be irresistibly comic, as a mere matter of speculative absurdity, did not their proceedings involve questions of health and life, which are too often compromised by these self-styled illuminati. We shall endeavor, ere long, to show them up in their true colors.

Baltimore, November, 1830.

Dear Tim: I embrace the present opportunity of writing to you, by Nathan Wilkins, who tells mee that you and Beckey, and all the folks is well, and I am glad to say I am as well as ever I was in my life. But Tim, I suppose you have been wondering what I came to town for, and what I have been doing these eleven weaks; why Tim, the fact is, I am lerning the *Steam Doctoring Business.* Now you will hardley believe mee when I tell you that in three weeks more I shall get a certificate from my Boss—No, thats what I used to call Jim Vulcan, my old master, and a professional man calls his boss a praceptor. Well, as I was saying, in three weaks I shall get a paper to prove that I am able to cure aney kind of sickness whatsomever. So you may advise Doctor Bolus, and Doctor Ulna, and Doctor Exastosis, and Doctor Phalangia, —— —— —— and the whole raft of them to get ready and pack up their duds and bolt off to the western countrey, as I intends to doe all the practice in that part of the countrey that they doctor in; in fact, I dont believe they will want aney other doctor in the whole countrey but mee. But Tim you will bee astonished to see what wonderfull doctoring this *Steam Business* is; its shure to kill or cure right off, and dont keep people in misery: besides, it is so easily larned; in about three months a person can larn to cure aney disease, and draw teeth in the bargain (but bleeding is werrey seldom necessary), and another thing is, it dont cost so much as the old kind of doctoring; I dont suppose it will cost father more than one hundred dollars for my larnin to be a doctor, that is, counting board, clothes and all, and I have got a bran new suite of black, since I have been in town; I believe the coat cost fifteen dollars; dont tell Beckey though, for I want to surprise her; she wont call mee Chris Blackface when she sees mee again, for I dont look like I used to doe when I was a blacksmiths Boy; no body calls me Chris here, they all call me *Doctor Costive.*

But Tim, I tell you what I mean to do, I'll come out in the countrey, set up an office, an I am shure to make a forten in no time; besides, I mean to marry your sister Beckey next spring, and I shall be the biggest bug in the whole countery, and in fact shall be the hapiest fellow in the whole world. Farewell till I see you.

Yours, Christopher Costive.

To Timothy Thump.

Journ. of Health.

Whole number of deaths in Boston the week ending March 26th, 17. Males, 8—Females, 9. Stillborn, 3.

Of consumption, 5—lung fever, 4—dropsy, 1—croup, 2—fever, 1—suffocation, 2—unknown, 2.

ADVERTISEMENTS.

COPARTNERSHIP NOTICE. JOHN COTTON and DAVID CLAPP, JR. have taken HENRY S. HULL into copartnership, and the printing and publishing business, which has heretofore been conducted at 184 Washington St. in the name of JOHN COTTON, will be continued under the firm of CLAPP & HULL.

D. C. and H. S. H. will give their personal attention to Book and Job Printing, of every variety, which will be neatly and correctly executed, upon reasonable terms.

⁂ Booksellers and authors are informed that the printing of medical and other works, of any size, will be undertaken as above, and every branch of their mechanical execution will receive particular attention. March 29.

VELPEAU'S MIDWIFERY. This day received and for sale by CARTER, HENDEE & BABCOCK—An Elementary Treatise on Midwifery, or Principles of Tokology and Embyology. By Alf. A. L. M. Velpeau, M.D. March 29.

THE NATURALIST. Devoted to Zoology, Botany and Mineralogy, illustrated by Lithographic Prints, edited by D. Jay Browne, aided by distinguished Naturalists, and published monthly by Peirce and Parker, No. 9 Cornhill, Boston. Each number contains 32 octavo pages. Price, Two Dollars a year in advance.
March 22.

NOTICE. Those gentlemen who are yet indebted for the 1st vol. of the Med. and Surg. Journal, from Feb., 1828, to Feb., 1829, are hereby notified, that, after four weeks, the Proprietors of that Volume have authorized Mr. S. Smith to collect all that is due to them for it; and he present Proprietor respectfully requests that those indebted to him for the Medical Intelligencer, and the 2d and 3d vols. of the Med. and Surg. Journal, will forward all arrears. JOHN COTTON.

The subscribers above mentioned for said 1st vol., are hereby requested to remit payment for the same to the subscriber, at the office of the Boston Daily Advertiser.
SAMUEL SMITH, Agent for said Proprietors.
March 1. 1831.

COPARTNERSHIP NOTICE. The subscribers have formed a connexion in business as CHEMISTS, DRUGGISTS & APOTHECARIES, at Apothecaries' Hall, No 188 Washington Street, opposite Marlboro' Hotel, under the firm of JARVIS & PEIRSON.
NATHAN JARVIS.
GEORGE W. PEIRSON.

EUROPEAN LEECHES.

J. & P. have a few fine European Leeches—to the application of which, when directed by Physicians, they will attend without any additional charge.
Feb. 8.

WILLIAMS ON DISEASES OF THE CHEST. This day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By Charles J. B. Williams. Dec. 6.

BECLARD'S GENERAL ANATOMY. CARTER, HENDEE & BABCOCK have this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. Beclard, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By Olivier, M.D. Translated from the French, with Notes. By Joseph Togno, M.D., Member of the Philadelphia Medical Society. Dec. 28.

The Boston Medical and Surgical Journal is published weekly, by Clapp & Hull, at 184 Washington St corner of Franklin St., to whom all communications must be addressed, *post-paid.*—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for common newspapers.

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, APRIL 12, 1831. [NO. 9.

I.

ON PULSATION OF THE JUGULAR VEINS.

Abstract of a Clinical Lecture lately delivered by Dr. Graves, at the Meath Hospital, Dublin.

Various Theories discussed: Lancisi's—Adams'—Barkow's.—The Phenomenon mainly depends on Hypertrophy and Dilatation of the Right Auricle.

Gentlemen,—At our last meeting I endeavored to trace the connexion which exists between certain symptoms and certain organic diseases of the heart. I shall now direct your attention to pulsation of the external jugular veins, and endeavor to assign to this symptom its proper diagnostic value. It is singular that authors speak with such uncertainty concerning the cause of so obvious a phenomenon. Lancisi, who first noticed this venous pulsation to be a symptom of diseased heart, considered it as a sign of aneurism of the right ventricle, and of course must have attributed it to a regurgitation from that ventricle, through the auricle, into the veins. This is also the opinion of Mr. Adams, who has written an excellent paper on diseases of the heart, in the fourth volume of the Dublin Hospital Reports. Mr. Adams observes:—"In the natural state of the heart, it is probable that there is constantly some little influx into the right auricle during the contraction of its corresponding ventricle, as the valves readily admit it; but the great swelling of the jugular veins is only seen where extraordinary efforts are made, or where, from any enlargement of the right side of the heart, it is capable of containing a larger quantity of blood than it can readily transmit through the lungs, or the left receive. On these occasions it is that the pulsations of the jugular veins become evident; they are synchronous with the action of the heart, and can more readily take place when the right ventricle has been preternaturally dilated, as it is not likely that the valve will increase in size and breadth in proportion as the auriculo-ventricular opening enlarges." Bertin's opinion is similar to that of Mr. Adams, as he asserts that "pulsation of the jugulars is never observed except in cases of dilatation and hypertrophy of the right ventricle, and where the right auriculo-ventricular opening, being enlarged considerably, cannot be completely closed by its valve." This seems also to have been the explanation Laennec gave of the same phenomenon, but Corvisart placed no reliance on it as a symptom. In a paper by Dr. Stokes and Mr. Hart on the actions of the heart, published in the Edinburgh Medical and Surgical Journal for October, 1830, the following observation occurs: "there is an interesting case at present under our care, in which a strong pulsation is evident in the external jugulars; these pulsations are exactly synchronous with the impulse of the heart, which is precisely what should be anticipated, considering the impulse as synchronous with the contraction of the auricles." According to these gentlemen, therefore, the regurgitation into the veins is caused by the contraction of the right auricle, not by that of the right ventricle.

Before we examine these opinions more accurately, let us, gentlemen, recal to mind the appearances which we ourselves had lately an opportunity of witnessing in the three cases of diseased heart we lately examined, and in all of which, during life, the phenomenon of pulsation of the jugulars had been remarkably displayed. You may remember that in each of these cases there existed hypertrophy and dilatation of the right auricle and ventricle, together with a similar affection of the left auricle and ventricle. I paid particular attention to the state of the right auriculo-ventricular opening, and of the tricuspid valves; but in neither could we detect anything morbid. This opening, it is true, measured in circumference about one-sixth more than the left auriculo-ventricular opening; but we have seen this disproportion so often in persons who had no disease of the heart, that we must subscribe to the opinion of those anatomists who consider it, and the greater size of the right cavities compared with the left, as by no means an unhealthy state of parts, particularly in persons who, like our patients, had been afflicted with a tedious agony and long-continued dyspnœa, causing a considerable accumulation of blood in the right side of the heart. I cannot avoid, therefore, denying the inference that pulsation of the jugulars depends on enlargement of the right auriculo-ventricular opening, or deficiency of the tricuspid valves; for we have just seen that in our three cases, these parts preserved exactly the same relations which we have frequently observed in hypertrophy and dilatation of the heart, although unaccompanied by jugular pulsation during life: neither can I assent to Mr. Adams' assertion, that the pulsations of the jugular veins are most evident where they are swollen and turgid; for the fact was pointed out by Dr. Stokes, and verified by me, that in general this pulsation is much more perceptible in those states and positions of the body in which the jugulars are comparatively empty. It is worth while considering whether this pulsation of the jugulars, which always presents a sort of wave-like appearance, that at first view favors the theory of regurgitation, may not be rather owing to a motion resident in, and arising from, the coats of the vein itself. Barkow, the celebrated German physiologist, has lately observed, in living animals, that this wave-like pulsation of the veins near the heart not unfrequently continues even after the motion of the ventricles and auricles has ceased; and consequently he concludes that it is not dependent on the latter. There are other reasons, too, which render this probable. Thus this pulsation has occurred in veins too distant from the heart to allow of their being influenced by regurgitation. Hunauld, as quoted by Laennec, saw it very perceptible in the superficial veins of the arm, and Laennec himself saw a similar case. But a case still more conclusive is related by Dr. Davis, in the 4th volume of the Dublin Hospital Reports :—"In a girl, six years of age, laboring under symptoms of acute hydrocephalus, there was a pulsation in all the veins, distinct and well marked, synchronous with the pulse, and in the veins of the extremities perceptible to the eye, even at the distance of two yards. The veins were rather larger than is usual at her period of life, and pressure on any of them stopped the pulsation between the part compressed and the heart, so that it obviously could not be caused by regurgitation from the auricle." This pulsation observed by Dr. Davis, agreed with the pulsation of the jugulars, in diminishing, and finally disappearing, as the vein, in consequence of the application of pressure between the part examined and the heart, became distended and tense with blood. Although no disease of the heart existed, and although the vascular system was in every respect healthy, yet Dr. Davis explains this venous pulsation as being continued from the heart, through the arteries and capillaries, to the veins. This explanation, however, is, for many reasons, inadmissible. In the first place, the case presented nothing in the strength of the heart's pulsations, or in the force of the pulse, which we do not meet with every day, and yet this venous pulsation is a very unusual occurrence. Secondly, we know that when the arterial system is in its ramifications much less minutely subdivided than it is in the capillary system of man, yet this subdivision is sufficient to prevent a propagation of the arterial pulsations to the vessels which arise from these ramifications. Thus, in animals with a *rete mirabile*, the arteries of the brain do not pulsate, and the same observation applies to the arteries derived from the gills of fishes. These considerations are sufficient to show that, in Dr. Davis's case, the pulsation of the veins must have arisen from some cause residing in themselves, and totally independent of regurgitation on the one hand, or ventricular influence on the other. Another circumstance equally militating against both these suppositions, attracted your attention in one of our cases; I mean the *double pulsation of the jugulars*. This double pulsation was not observable when the vein was swollen and turgid, at which time the pulsation was only single; but as soon as this turgid state was diminished, in consequence of a diminution in the causes which produced the pulmonary obstruction, then the pulsation again became double. The first pulsation of the jugular was, as far as we could judge, synchronous with the heart's impulse against the ribs, and was immediately followed by another distinct wave-like pulsation of the vein; after which was a short pause. If the heart's impulse against the side be caused by the systole of the ventricles, it is evident that we have no force, instantly succeeding it, to produce a second regurgitation; for the ventricular systole is followed by a pause, or interval of rest, during which the auricles are filled. If, on the contrary, Dr. Corrigan's theory be assumed as correct, and the impulse against the side is caused by the ventricular diastole, then the first jugular pulsation might be attributed to regurgitation arising from the contraction of the right auricle, and the second regurgitation from the contraction of the right ventricle; but when speaking of the sounds and motions of the heart, I have already expressed my opinion, that, however ingenious Dr. Corrigan's theory may be, his experiments require to be multiplied and confirmed before we can assent to its truth. An experiment I showed you the other day deserves to be here noticed:—In a woman, whose external jugular on the right side had formerly presented the phenomenon of single wave-like pulsation in a very remarkable degree, but in whom this phenomenon had lately ceased nearly altogether—in this woman, when the finger is applied so as to compress the external jugular at about the middle of its course down the neck, and that the compression is suddenly removed, a wave-like pulsation takes place, not in the portion of the vein between the spot compressed and the heart, as it should do, were this pulsation owing to regurgitation, but at the other side,—a fact almost amounting to a demonstration that a power of motion exists in the veins, independent of the motive powers of the heart. It would appear that hypertrophy, with dilatation of the right auricle, is the disease indicated by pulsation of the jugulars ; and the latter may be supposed to be produced by an hypertrophied state of these veins, imparting to them a greater motive power, which participates in the motion that, commencing in the sinuses of the venæ cavæ, spreads on the one hand to the auricles, and on the other to the cavæ and their more immediate subdivisions. Hypertrophy of the veins alone would be insufficient to account for it, as we see no such motions in varicose veins ; neither is hypertrophy actually necessary for the production of venous pulsation, as is evident from Dr. Davis's case. The veins near the heart, however, seem in a natural state, as is evident from Barkow's experiments, to enjoy an inherent power of producing wave-like pulsations, which power we may conceive to be increased by hypertrophy of these veins, although hypertrophy does not necessarily give rise to similar pulsations in more distant veins, as those of the extremities, which do not evince any pulsating power during health. I should not have detained you so long, gentlemen, in discussing this subject, but that I feel it to be a matter of great importance to determine the proper value of every symptom connected with so obscure a class of diseases as those of the heart. Although I look upon this pulsation as arising from a state of these veins always connected with hypertrophy and dilatation of the right auricle, yet as such a morbid change is, I believe, never unaccompanied by a similar state of the right ventricle, the existence of the latter may be also inferred from this symptom, which, it is to be observed, does not necessarily indicate either enlargement or diminution of the right auriculo-ventricular opening, or disease of the tricuspid valves.—Such, gentlemen, are the inferences we seem warranted in drawing from the three cases we have examined ; but we must wait for the examination of similar cases, not only by ourselves, but by others, before we presume to put forward these inferences in the shape of general and invariable conclusions.

Lond. Med. Gaz.

II.

LIGATURE OF BOTH FEMORAL ARTERIES.

Case of Mortification of Right Leg—Amputation—Secondary Hemorrhage—Ligature of External Iliac—Recovery.

By John Braithwaite, Surgeon.

George Billington, a shoemaker, æt. 53, tall, of spare habit, and unhealthy aspect, was admitted a patient of the Macclesfield Dispensary on the 30th of July, 1829, and placed under my care. He complained of pain in the knees. On examination, an aneurism about the size of a walnut was discovered in the right popliteal space, and an incipient one in the left. These were so painful as to prevent him from following his occupation. A consultation of the medical officers of the institution, decided that no operation for the radical cure of these aneurisms should be recommended, as he was considered an unfavorable subject.

The action of the heart could be readily detected, beating with a peculiar thrill, over a greater extent of the chest than was natural, its pulsation intermitting on slight exercise; the left carotid, being much enlarged, beat with violence, and the whole arterial system acted with morbid force. He was directed to be kept quiet, and to take occasionally small doses of the sulphate of magnesia, with tincture of digitalis in an infusion of roses, with other remedies. A pain in the head, attended with a hard pulse, was relieved by bleeding. The aneurisms, however, gradually increased, and, in the following December, the one in the right limb had attained so large a size as to endanger its bursting. With the unanimous concurrence of the medical gentlemen, I proceeded, on the 16th of December, to secure the femoral artery, by passing round it a ligature consisting of four threads, at exactly six fingers breadth below the groin. The ligature came away on the eleventh day, the wound was soon healed, and the patient in a little time returned to his work. In the course of two or three months after this, the aneurism in the left limb became very distressing, and by the 18th of June the pain from it was excessive, though it had not attained the magnitude which the other possessed previously to the operation. At a second consultation, it was recommended to tie the artery in this limb also. Its coats, on exposure, appeared thin and otherwise unhealthy; it was considerably dilated, and the sheath was found morbidly adherent to the vessel. After the operation, the limb was immediately enveloped in flannel, and the patient put to bed. He complained for a short time of slight giddiness and sickness. For about a fortnight he continued to do well. The ligature came away on the sixteenth day; he then complained of pain and coldness of the foot, attended with swelling. Anodyne and soothing fomentations were used, but the foot became more swollen, attended with congestion of the superficial veins. In this state, the limb was placed in scalded bran, of an agreeable temperature, and covered with oil-cloth. The disease continued progressive, and vesications formed in several parts of the leg and foot, which ended in mortification of the limb. With the intention of arresting this, he took bark in its various forms, combined with opium and ammonia; subsequently, pills with musk and opium. He was allowed wine, porter, and nutritious food. The applications were the nitric acid lotion, cataplasms of linseed meal, and port wine lees; the chloride of soda lotion, with opium, and the like.

My patient appeared now fast sinking; he lay in a low muttering state, with subsultus tendinum, and picking of the bed-clothes; apparently there was no chance of his recovery. However, under the administration of full doses of opium and Cayenne pepper, now substituted for the musk and opium, at the suggestion of Dr. Swanwick, and during the application of the chloride of soda lotion with opium, the man rallied, and a line of separation formed on the anterior part of the leg, within two or three inches of the knee-joint, and on the posterior, within four or five. He was now exceedingly emaciated; two large ulcers on the back, occasioned by pressure, greatly adding to his irritation. Under these circumstances, there was obviously no chance for a natural separation of the mortified limb; and at a third consultation, amputation was recommended, which I performed above the knee on the 25th of July, the femoral artery in that limb having been taken up on the 18th of June. The incision made for that purpose appearing, at the time of amputation, quite healed, on removing the limb five ligatures were required to secure the bleeding vessels; and upon examination of it afterwards, I found the aneurism reduced to about the size of a small lemon, and filled with a firm coagulum. The artery had become firmly united to the vein by adhesive inflammation, and the inner coats of the vein, being united by the same cause, rendered the vessel impervious. The stump was healed in about a month after the amputation, and my patient had regained considerable strength and spirits. Nothing now appeared likely to retard his rapid convalescence, when a hemorrhage unexpectedly took place on the 22d of August. It may be here necessary to state, that shortly after the amputation, the incision made for the purpose of tying the femoral artery, though at that time it appeared healed, began to discharge a little sanious matter, which it continued to do more or less till the time of the hemorrhage: it was from this little wound I found the blood issuing at a most alarming rate. Pressure for a short time arrested the bleeding, but it subsequently returned. A fourth consultation was called, at which it was agreed to pass a ligature round the external iliac. This being the evening of the 22d of August, the patient was so far reduced by the loss of blood that it was deemed advisable to defer the operation till the following morning. During the night, he was carefully watched by three medical pupils, who alternately kept up pressure with the finger; a full dose of laudanum was administered, and when the patient awoke or became restless, a few spoonfuls of sago gruel, with wine, were given to him. At six o'clock on the following morning, I proceeded to pass a ligature, consisting as before of four threads, round the external iliac: by following the directions given by Sir A. Cooper, I easily performed the operation, without my patient losing an ounce of blood. On being put to bed, he complained of no particular uneasiness, and soon fell asleep. The ligature came away on the eighteenth day, and up to this time he has been gradually regaining his strength and spirits.—*Ib.*

III.

SIR HENRY HALFORD ON THE INFLUENCE OF SOME OF THE DISEASES OF THE BODY ON THE MIND.

The accomplished physician and scholar whose name is mentioned above, and who, among other distinguished offices, graces the Presidential Chair of the London College of Physicians, has recently presented that body a history of the effects produced on the mind by diseases of the body. A short account of that classic production, as given in an English periodical, will not be uninteresting to our readers.

The effects of the passions on the body have been elegantly illustrated by Sir G. Baker, nor is the converse of the picture less interesting. The influence of disease on the mental faculties is various and extensive—now communicating "temporary power," and now "permanent weakness;" while so characteristic are some of these changes, that the physician is often able to discover, by attention to these secondary effects, what organ is at fault, without calling into play all those appliances which are usually adopted, in order that the whole case may be fully unfolded. Nor are the diseased conditions at all proportionate in danger to the degree of mental affection which they produce: a simple derangement of the digestive organs lays a weight upon the mind, rendering the individual irresolute and infirm of purpose; whilst an inflammation of the brain, if it be slight, gives intensity to his faculties and animation to his imaginings.

Sir Henry stated it to be his intention to give only an outline of the effects upon the mind produced by some of the more marked and simple chronic diseases, leaving it to his hearers to fill up the details from their own experience.

Of apoplexy little was to be said, because before the attack the patient is generally merely torpid, and after it has occurred is insensible to all around; so that, however momentous or interesting to others, may be passing events, "nothing touches him." To apoplexy succeeds palsy, and happy he (said the learned President) "whose mind shall have been disciplined when in health, and whose moral habits shall have been well regulated by reason and by good principles before he was taken ill; for otherwise, as all the passions are let loose by the malady (at least this is the case in many instances of palsy), whilst the controlling power is enfeebled, an irritability succeeds which makes life intolerable to the sick man and to all around him." The picture of this melancholy state was further colored by vivid description, and illustrated by reference to the cases of the Duke of Marlborough and Dean Swift.

"From Marlboro's eyes the tears of dotage flow,
And Swift expires a driveller and a show."

Epilepsy, so much the terror of others, carries not mental suffering to the patient himself: he sleeps after the paroxysm, and awakes unconscious of what has passed. Repetition of the fits, however, weakens the intellect, and ultimately leads the way, in many cases, to madness or fatuity. This, however, does not apply to epilepsy which is merely sympathetic of derangement of the alimentary canal, or the forerunner of some eruptive disease, or other transient derangement. In this way were Julius Cæsar and Mahomet epileptics. In pulmonary consumption the frame is often lighted up, and everything looks cheering to the patient, where the friends and medical attendant see the prospect invariably ending in the tomb. The frame of mind in a hectic girl, with all the buoyance of youth, was then contrasted with that of a female more advanced in life—at the period when the menses cease: the former all hope, and the latter all despondency. This contrast the pathologist might perhaps attempt to explain by referring to the different conditions of the circulation in the two. The blood in the younger may be more oxigenated, from its more rapid circulation through the lungs; while, in the elder, there is a stagnation about the vena portæ, giving rise to hypochondriasis, and connected with the more loaded state of the ventral and hæmorrhoidal veins, from the cessation of the menstrual discharge.

The learned President next adverted to those cases in which the heart and great vessels were diseased. In these the paroxysms are dreadful, but the intervals are comparatively tranquil—like the calm which succeeds the tempest. Such patients, indeed, are "full of life," and often are much less dejected than those who suffer only from derangement of the stomach. Their condition illustrates the observation of Paley, with respect to pain—"that its pauses and intermissions become positive pleasures; that it has a power of shedding a satisfaction over the intervals of ease which few enjoyments exceed." That mere pain does not affect the faculties to any great extent, is also manifested by what we witness in tic douloureux and iliac passion; in which last, many days and nights of misery are insufficient to impair the judgment of the patient, or destroy his hopes. "From such sufferings as these (added Sir Henry, nearly in the following words), death may well be considered a happy release: indeed, before the glad tidings of pardon and peace in a future life, on certain conditions, had been proclaimed to the world by our Redeemer, so much intense suffering, nay, much less than that which is endured by a patient under fatal ileus, was considered by the most enlightened Romans as a sufficient reason for ridding themselves abruptly of life. The first book of Pliny's Letters furnishes us with two instances of friends of his, one of whom had recourse to this apparently common practice, and the other intended to resort to it if the physician should pronounce his malady a mortal one. Their creed admitted an independent exercise of their free will and pleasure in the disposal of their lives. 'Ipse deus, simul atque volam, me solvet; moriar—mors ultima linea rerum est.' But the Christian has a higher motive for submitting himself to the will of heaven, and for bearing his sufferings patiently."

Upon the whole, Sir Henry has been astonished that so few of the great numbers to whom he has ministered in their last hour, have been reluctant to part with life. Some, indeed, have clung to it with painful anxiety; but this has been more frequently from the agony of leaving their children to the mercy of the world, than from mere love of life. This part of the subject led the learned author of the paper to speak of the duty of the physician, in withholding from, or communicating to, a patient the probable issue of a disease displaying mortal symptoms. He stated it to be his opinion that the first duty of the physician was "to protract the life of his patient by all practicable means," to interpose between him and whatever was calculated to aggravate his danger; and that, unless the patient should be averse from doing what is necessary in aid of the remedies, owing to the want of a proper sense of his danger, the medical attendant ought not to step out of his province to offer advice: at the same time he held it to be indispensable that the friends be informed of the danger the instant it is discovered. It is far better that friends should undertake the delicate subject of suggesting to the patient, at proper times and under the guidance of the physician, the necessity of arranging his worldly affairs, and preparing for his momentous change. But there may be no friends present—no one near him from whom the intimation of his danger would come with propriety; under such circumstances, Sir Henry said he should feel warranted in departing from his strict professional duty, and apprising the patient of his condition.

The part of the paper which followed was listened to with peculiar interest, from the direct relation it bore to the case of his late Majesty, as well as from other circumstances connected with some of the eminent individuals who were present. If discretion be required by the practitioner with regard to cases attended with danger in private life, this becomes doubly requisite in a personage "of a station so elevated, that his life becomes an object of anxiety to the nation." The public, in their solicitude for the recovery of such a patient, frequently desire disclosures incompatible with his safety. The bulletins may become known to the Royal sufferer himself, and it cannot be admitted for a moment, that to relieve the anxiety or gratify the curiosity of the public, the physician ought to do anything to endanger the life or the comfort of his patient. "But (added Sir Henry) whilst it is his object to state as accurately as possible the present circumstances and the comparative condition of the disease, he will consider that conjectures respecting its cause and probable issue are not to be hazarded without extreme caution. He will not write one word which is calculated to mislead; but neither ought he to be called upon to express so much as, if reported to the patient, would destroy all hope, and hasten that catastrophe which it is his duty, and their first wish, to prevent. Meantime the family of the monarch, and the government, have a claim to farther information than can with propriety, or common humanity, be imparted to the public at large. In the case of his late Majesty, the King's Government and the Royal Family were apprised, as early as the 27th of April* [Sir Henry held in his hand the original letters which gave information to the Prime Minister], that his Majesty's disease was seated in his heart, and that an effusion of water into the chest was soon to be apprehended." It was not until the end of May that an opportunity occurred of acquainting his Majesty with his real situation. He then appointed an early day for receiving the Sacrament, and expressed himself as having derived great consolation from this exercise of devotion. After this, Sir Henry thought himself warranted in interpreting the symptoms as favorably as they would admit, and was thus enabled to rally the spirits of his royal patient in the intervals of his suffering, and prevent him from dwelling on the painful contemplation of death until a few minutes before he expired.

---

* The late King died on the 25th of June.

IV.

SPONTANEOUS COMBUSTION OF THE HUMAN BODY.

In the French National Academy, a very interesting and instructive case was related and discussed at the meeting in January of the present year. The case, we shall give below, as reported in an English contemporary. It will throw more light than any we recollect to have noticed, on that mysterious occurrence which has been often, but in our opinion wrongfully, set down as the result of habitual intoxication. Drunkenness is hideous enough in its best aspect,—it needs not the assumption of any horror which is not of right its own.

Academie Nationale de Medecine,
Jan. 4, 1831.

A man who had been laboring under severe illness for about a fortnight, and keeping his bed for the last three or four days of that time, was taken into the Hôtel Dieu, under the care of M. Bally. His complaint began with a headach, followed by colicky pains and diarrhœa, which lasted for three days. On his entering the hospital, it was remarked that his left thigh and scrotum were swollen, and his respiration short and impeded; but he complained of nothing, save a sensation of fatigue in his lower limbs, by reason of which he was unable to support himself without difficulty. While under the influence of a delirium that lasted for some moments, he asserted that he had been bitten in the leg by a dog, but there was no trace whatever in the part, of any such accident having occurred. The man died in the night, and eight hours afterwards was examined. The bed on which the body lay was stained with blood, which had transuded from the thighs and trunk. In the nasal cavities, also, was contained some glutinous blood. The whole body was emphysematous, violet-colored, and marked with a vesicular eruption in detached patches, the vesicles filled with a reddish serum mixed with a gas. There was nothing but gas in those vesicles that were white. The left leg and thigh were more swollen and puffy than those of the other side; and they fluctuated on percussion. The abdomen was considerably distended with gas. The livid scrotum sounded like a drum; but the tympanitic affection belonged entirely to the peritoneum, not to the intestines. The brain and spinal marrow were apparently healthy. All the large vessels of the pia mater were filled with air. The lungs were sound and crepitating; the heart pale, flaccid, but full of blood. There were no traces of hemorrhage discoverable in the interior; so that the blood which made its appearance on the outer surface of the body, could only have come from the external eruption. In the great intestine there were found some ulcerated tubercles, but they did not go deeper than the mucous coat. The blood seemed to be all infiltrated into the surface of the limbs and the cellular tissue. Some deep incisions were made into the puffy places, upon which there issued forth a gas that took fire the moment a bougie was applied to it. This experiment was repeated several times with the same result. But what was still more curious, a bougie having been presented to a perforation in the abdomen, a beautiful tuft of flame was formed, the base of which was blue and the top white, while the orifice itself from which it issued became incinerated. At the same time, it was remarkable that the gas contained in the intestines had no disposition whatever to be converted into flame.

This was M. Bally's case, upon the singularity of which the learned gentleman insisted. Of the cause of the singular appearances which it presented, he would pretend to give no explanation; the man had not been bitten by any animal, neither was he a person given to intoxication; but M. Bally was inclined to think that the circumstances were all favorable to M. Marc's opinions about the spontaneous combustion of the human body. He would go farther and say, that a single electric spark would have been enough to have caused the patient to suffer as did the Italian priest, whose shirt and cap were burned, and who eventually lost his life, in a well-known case of spontaneous combustion.

A long discussion ensued upon the recital of the case, in which MM. Bouillard, Rochoux, Louis, Emery, Naquart, and Moreau, successively took a part; but these gentlemen were pretty generally inclined to think that there was little or no analogy between this and any of the cases of spontaneous combustion on record. They were rather disposed to say that the development of the gas was not a pathological, but a chemical phenomenon—the result of putrefaction; and putrefaction, they thought, might set in before life was extinct, of which some cases in point were cited.

MEDICAL JOURNAL.

BOSTON, APRIL 12, 1831.

THE AIR OF VAULTS.

When long and closely confined, the air of vaults becomes highly noxious, and the occupation of those who clear them, unless pursued with some knowledge and more caution, is attended by serious danger. The immediate sources of this danger, and the means which have been employed to avert it, are subjects which it may be deemed meet, at the present time, that we briefly discuss.

Two kinds of air are produced in these receptacles. One of them is not disposed to expand itself, but remains, for the most part, near the surface where it is generated. This gas is ammonia. It is readily recognised by its immediate effects on the system, which are sufficiently familiar,—such, e. g., as a sense of tingling in the nose, smarting in the eyes, and stricture within the fauces. The other gas is lighter and more penetrating; of an offensive odor, and capable of infecting the atmosphere to a considerable extent from the place of its evolution. If the vault is situated near the house to which it appertains, this gas will find its way into it, and communicate both odor and color to the linen and articles of clothing, although arranged in presses of ordinary closeness. The chemical nature of this gas is not fully ascertained; it seems, however, to be azote charged with animal matters in a volatile state. Its effects on the system are, to destroy the appetite, to diminish the muscular power, and to impair the color and clearness of the skin. Its chemical action is manifested on gilding, varnished surfaces, and other matters with which it comes in contact.

It is to this last gas, and not to the ammonia, that the fatal effects sometimes resulting from a descent into vaults, are to be ascribed. The individual exposed to its influence when in a concentrated state, is affected suddenly with a sense of heaviness and oppression, with constriction in the throat and a stifled suffocating cough; he utters a cry, more or less distinctly, becomes convulsed, and unless succor be promptly afforded, immediately expires.* This state of things may be regarded as resulting, in a great degree, from the poisonous nature of the substances with which the air is mixed. The treatment which has been found most useful under these circumstances, is in conformity with this supposition. It consists in withdrawing the individual from the place of the accident, placing him in the open air, rubbing the surface with vinegar, giving stimulants until the vital powers are renovated, and then administering an active emetic. In a treatise devoted to this subject, and got up under the orders of the French Government in 1785, the author, M. Hallé, advises to have recourse to tartar emetic combined with cordials, in order to obtain vomiting as soon as possible. M. Fodere regards this point as so important, that he advises a tube to be passed into the stomach, where the patient has lost the ability to swallow, for the purpose of introducing a compound of this description.

It is easy to conceive that in large cities, in which many of the houses are crowded with inhabitants, the dangers arising from cleansing vaults must be materially greater than where the population is more scattered. In most foreign cities, it is customary to have waterclosets on each story of a building, with pipes communicating with a common receptacle, usually kept hermetically sealed, and opened only when it becomes necessary to evacuate its contents. The effect of the unguarded exhalation of vapors thus pent up and condensed, may be readily imagined, and the instances in which life has been lost in this way, are by no means infrequent. In Paris, where this system is universal, these unfortunate occurrences are so numerous as to make every expedient for their prevention matter of public interest; and the following are but a part of the precautions employed in that city, when it becomes necessary to empty the vault of a house inhabited by a large number of families, or when, from any other cause, the accumulation is considerable.

---

* It is well known here, that the fourth man who descended into the vault in Essex Street, and who never recovered, took the precaution (suspecting some danger) to grasp the hand of the one who remained above, with the promise, on the part of the latter, that he would hold on if possible. The former had not reached the bottom before his friend found it impossible to retain his hold. This may have been occasioned by the increased weight of the body when the vital spark left it, but more probably, at an earlier period, by some convulsive effort such as here alluded to.

1. To close all the *sieges d'aisance* of the different stories, except the highest, on which is placed a grate, open at the bottom, and called the ventilator, which is filled with charcoal well ignited, and which establishes a current of air in the same manner as the ventilators for hospitals alluded to in one of our late numbers. When the *fosse* is opened below, the external air rushes in to supply the place of that drawn off above, and thus is the air of the vault gradually purified or changed. During this process, it would seem that the animal matters mingled with the gas in the form of vapor, are actually burned and consumed; and this effect is sometimes farther ensured by placing another furnace on a stool within the vault, which also is supplied with air from without.

2. To use caution in first disturbing the contained mass,—standing at a distance and averting the face.

3. To avoid opening the mouth, speaking or coughing, in descending into the vault. Since the discovery and full evidence of the disinfecting power of chlorine gas, the chlorides have been frequently employed on these occasions, to render the process less disgusting and dangerous. How far this measure may of late years have rendered it possible to dispense with the other precautions above stated, we are not able to announce; it is to be presumed, however, that however much the free use of these salts may contribute to the comfort of the workmen, their security would be greater under the ancient, which we doubt not is still the prevalent, *regime.*

In observing these furnaces burning while surrounded by the air of the vault, it has been remarked that the combustion, instead of being rendered more dull by its action, has become in fact more active, although the vapor has seldom, if ever, been noticed itself to become inflamed. It usually assumes the appearance of a cloud, which flickers around the basin. The persons engaged in this business call the process *bruler le plomb*, in reference to the sense of weight or heaviness which the vapor produces when inhaled. This circumstance may be regarded as confirming the opinion that this gas is azote mingled with some animal oil, is a real poison in its action on the system, and should be distinguished as such from those which tend to produce simply an asphyxia.

Constructed as such receptacles are with us, the character of these vapors, and the means of counteracting their effects, are matters rather of scientific interest than of great practical importance. In most situations, the contents of our vaults are more or less exposed to the atmosphere, and in those of recent construction, a small chimney or ventilator is a pretty uniform appendage. Although of easy access, it is customary for one of the laborers to descend into them to aid in completing their evacuation, and yet the fatal consequences of such descent are exceedingly rare. A few weeks ago, we were called to notice two sudden deaths from this cause, and the narrow escape of two other persons who were poisoned by entering the same vault; with these exceptions, we recollect no accident of the kind in this city. The means of safety alluded to, may therefore be regarded as in most cases superfluous. They may, however, at some future time, be of no secondary importance, and are therefore worthy the attention of our active and intelligent police.

STRICTURE OF THE COLON.

MR. HOWSHIP, of St. George's Infirmary, London, has recently published a little treatise, having for its object to show that spasmodic stricture in the colon is the frequent proximate cause of constipation, both acute and chronic; and that these affections may often be relieved by enemas of warm fluid, administered with certain necessary precautions. The first proposition he maintains by many ingenious arguments, and some interesting cases; the last, however, is the most satisfactorily demonstrated, and is probably the one to which our readers, as well as ourselves, will attribute the greatest importance.

On the 19th of May, 1826, Mr. H. was called to a boy, ten years of age, who had been attacked, on the 13th, with symptoms of enteritis—for which he was bled, &c., with relief. On the 17th, the symptoms returned with increased violence. When Mr. H. saw him, the tenderness of the abdomen was such that the weight of the bed-clothes could not be borne. About every ten minutes there was an increase of pain, which seemed to follow the course of the transverse colon. Toward the left side, there could be felt an indurated mass within the abdomen, when slightly touched with the hand. Medicines were directed, but without effect. The next day, a blister and aperients were ordered, but in vain; the disease appeared to increase, and the patient was evidently in great danger. It was on the evening of this day, that Mr. Howship determined to try the effect of a copious injection. The fluid employed was warm gruel, about the temperature of 96 deg. The operation was commenced so slowly as to occupy five minutes in injecting the first half pint. At first it was observed that the intrusion of the fluid, and the distension of the bowel, increased the pain and spasm; but as the quantity was increased, the bowel became more relaxed and less irritable, and the pain diminished in proportion. When three pints were injected, the boy expressed himself much easier; his skin had become soft, and the pulse had sunk from 110 to 75 beats in a minute. Presently afterwards he got up, and passed a copious dejection of soft yellow feces, of intolerably fetid odor. He slept well that night without medicine, and was found the next day complaining only of hunger. The tumor had disappeared, and the pulse was at 74. In three days he was well.

Mr. H. next proceeds to relate cases which he believes to afford proof that the intestines are occasionally subject to a permanent kind of spasm, "so far, at least, permanent, as to continue for many years; yet so far spasmodic as to admit, under proper treatment, of being removed in a few weeks." We think this business-like mode of explaining the matter, without any affectation of an unallowable accuracy, does credit to Mr. Howship's practical good sense. We shall not, however, attempt to abridge his cases, or even to relate the symptoms by which he thinks this peculiar affection of the colon may be distinguished, but content ourselves with selecting the following directions for giving enemas, when the object is to procure relief to the patient by producing a full distension of the colon and rectum. According to Mr. H., this requires—

1. That the fluid should be introduced with the least possible disturbance to the sphincter, for which purpose the tube conveying it should always be passed carefully.

2. That this fluid should be of one and the same temperature on every occasion, viz., as near as possible to blood-heat, or 96 deg. Fahr.

3. That the fluid be introduced at first very slowly, and the instrument used be so easy and free in its action, that as the liquid passes up, the hand of the operator may be sensible to any increase of resistance, independently of any expression of complaint on the part of the patient.

4. The quantity introduced should be accurately observed as the operation proceeds, in order that, as the fluid cannot make its way beyond the valve of the colon, this quantity may not exceed the healthy capacity of the intestine. When introduced, it should be retained a certain time, varying from fifteen to thirty minutes, in order to produce the most favorable effect.

5. That in the chronic cases above alluded to, the operation, in order to be successful, should be daily repeated for three weeks or a month.

ACUTE LUMBAGO.

A CASE of this disease, of great violence, was lately received into St. Thomas's Hospital, under the care of Dr. Elliotson. The patient, when he was admitted, was not able to sit or stand. At the time the Doctor first saw him, he was supported by two persons on the edge of a bench. The pain was so severe that he was drawn backwards; his face was expressive of the most violent anxiety; and his features contracted when he roared out with pain. He was free from affection of the kidneys or ureters. There was great tenderness all over the loins, and profuse perspiration, exactly as occurs in acute rheumatism. The temperature of the body was increased, and the pulse quick. The Doctor ordered him to be immediately cupped over the loins, to the extent of a pint, and then three grains of opium administered, and half a drachm of colchicum wine every eight hours. This treatment afforded immediate relief, and in a few days he was perfectly well.

Dr. John A. Smith has been appointed President of the College of Physicians and Surgeons of New York, vice Dr. Watts deceased.

Whole number of deaths in Boston the week ending April 1st, 17. Males, 4—Females, 13. Of consumption, 3—unknown, 4—dropsy, 2—lung fever, 2—old age, 2—disease of spine, 1—nervous fever, 1—abscess on brain, 1—disease of heart, 1.

ADVERTISEMENTS.

VELPEAU'S MIDWIFERY. This day received and for sale by CARTER, HENDEE & BABCOCK—An Elementary Treatise on Midwifery, or Principles of Tokology and Embyology. By Alf. A. L. M. Velpeau, M.D. March 29.

COPARTNERSHIP NOTICE. JOHN COTTON and DAVID CLAPP, JR. have taken HENRY S. HULL into copartnership, and the printing and publishing business, which has heretofore been conducted at 184 Washington St. in the name of JOHN COTTON, will be continued under the firm of CLAPP & HULL.

D. C. and H. S. H. will give their personal attention to BOOK AND JOB PRINTING, of every variety, which will be neatly and correctly executed, upon reasonable terms.

⁂ Booksellers and authors are informed that the printing of medical and other works, of any size, will be undertaken as above, and every branch of their mechanical execution will receive particular attention. March 29.

THE NATURALIST. Devoted to Zoology, Botany and Mineralogy, illustrated by Lithographic Prints, edited by D. JAY BROWNE, aided by distinguished Naturalists, and published monthly by Peirce and Parker, No. 9 Cornhill, Boston. Each number contains 32 octavo pages. Price, Two Dollars a year in advance.
March 22.

NOTICE. Those gentlemen who are yet indebted for the 1st vol. of the Med. and Surg. Journal, from Feb., 1828, to Feb., 1829, are hereby notified, that, after four weeks, the Proprietors of that Volume have authorized Mr. S. Smith to collect all that is due to them for it; and the present Proprietor respectfully requests that those indebted to him for the Medical Intelligencer, and the 2d and 3d vols. of the Med. and Surg. Journal, will forward all arrears. JOHN COTTON.

The subscribers above mentioned for said 1st vol., are hereby requested to remit payment for the same to the subscriber, at the office of the Boston Daily Advertiser.
SAMUEL SMITH, Agent for said Proprietors.
March 1, 1831.

COPARTNERSHIP NOTICE. The subscribers have formed a connexion in business as CHEMISTS, DRUGGISTS & APOTHECARIES, at Apothecaries' Hall, No 188 Washington Street, opposite Marlboro' Hotel, under the firm of JARVIS & PEIRSON.
NATHAN JARVIS.
GEORGE W. PEIRSON.

EUROPEAN LEECHES.

J. & P. have a few fine European Leeches—to the application of which, when directed by Physicians, they will attend without any additional charge.
Feb. 8.

WILLIAMS ON DISEASES OF THE CHEST. This day received, by CARTER & HENDEE, " A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By CHARLES J. B. WILLIAMS. Dec. 6.

BECLARD'S GENERAL ANATOMY. CARTER, HENDEE & BABCOCK have this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. BECLARD, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By OLIVIER, M.D. Translated from the French, with Notes. By JOSEPH TOGNO, M.D., Member of the Philadelphia Medical Society. Dec. 28.

The Boston Medical and Surgical Journal is published weekly, by CLAPP & HULL, at 184 Washington St. corner of Franklin St., to whom all communications must be addressed, *post-paid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for a newspaper.

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, APRIL 19, 1831. [NO. 10.

I.

ON SUPPOSED DISEASES OF THE SPINE, AND THE ILL EFFECTS OF A CONTINUED RECUMBENT POSITION.

By J. Swan, Esq.

When pain in the course of the spine has been complained of, and particularly if there has been any tenderness on pressure, it has been determined that inflammation existed in the ligaments, or some other parts equally affecting the integrity of the spinal column. The opinion founded on this symptom alone, has sometimes been verified by subsequent changes, but has too frequently proved erroneous, even when pain, tingling, and other nervous affections, have been present in the extremities.

If there be no disease in the seat of pain, nor in the tender part, from what does the altered sensibility proceed? When it is merely in the skin, the different parts of this, by being supplied with the spinal nerves, may have the morbid excitement conveyed to it through the sympathetic nerve. Thus, in diseases of the liver, pain is felt in the shoulder, from the communications between the hepatic plexus and the phrenic nerve. So each part of the sympathetic being also in connexion with each spinal nerve, may, according to the viscus affected, excite a morbid sensibility in that spinal nerve communicating with it, and appear in the termination of this in the skin. The same tenderness, from similar causes, may be present in the integuments of the chest and abdomen. But in some people the pain may be in the muscles, or the nerves supplying these, and arise from the same connexions with the sympathetic, but with a modified cause; for the same nerves can convey one impression to the muscular parts and another to the sentient, as may be instanced in the former by the use of the nux vomica, and in the latter by opium. The origins of the morbid excitement may be seated in the stomach itself; it may be also in the liver, intestines, kidneys, the bladder and uterus, and sometimes in the viscera of the chest. It is hardly necessary to mention that pains may be excited from the connexions of similar nerves, as between those of the uterus and limbs, and be felt in the extremities of the different branches of the nerves, in the same way as pain is experienced in the penis in diseases of the bladder.

When pain in the spine is complained of, and there is tenderness on pressure, should a constant recumbent position be had recourse to? If there be actual disease in any part of the spine, such as a projection of the spinous processes and thickening of the surrounding parts, no one can doubt the necessity or utility of keeping it in this manner perfectly quiet: but mischief may be going on in the anterior part of the spine, and no decisive diagnostic symptoms be present. Is, therefore, so formidable a disease as that affecting the vertebral column and the parts connected with it, to be risked, because no external appearances of disease are present? If there be an equal possibility that the cause of the pain, &c., is not seated in the spine itself, should the recumbent position and a state of continued rest be enjoined, or merely because a sense of weariness or pain is to be obviated? If the confinement were to be of only a short duration, it could not be altogether objected to, but, in a modified degree, might co-operate with the other medical treatment in removing the irritating cause. When the disease is not in the spine itself, the pain and tenderness vary, both as to their seat and intensity, with the state of the digestive organs. But if there be considerable doubt about the cause of the symptoms, the recumbent position may be so used that the patient shall keep the spine sufficiently quiet, and yet not remain continually in this state. If a patient be kept in an entire state of rest in the recumbent position, and a beneficial result be not obtained within a moderate space of time—say after the lapse of some weeks—the consequences peculiar to this treatment must ensue. It will be asked, what is to be decided from so apparently harmless a remedy, or how can any mischief be produced? The circulation in the head must be increased by a position which favors the ascent and retards the descent of the blood; and by this, after a time, every part within the skull is encroached upon, the furrows on its inner table are deepened and extended in every possible manner, and we cannot suppose that the bone shall be thus acted upon by the increased circulation, and the cerebral mass remain uninjured? Undue pressure from diseases may produce great changes and a diminution of the brain, and I have seen this affected by long-continued determination of blood to it, and believe this may also be induced by disease, too much indulgence in the recumbent position, or too stimulating a diet. It is known that the muscles of the spine, and even the bones themselves, have their strength diminished by inaction, and consequently, after a long use of the recumbent position, are unable to hold the trunk erect without the greatest exertion. But the change in the circulation in the head, arising from a long-continued recumbent position, leaves the brain unsupported by a sufficient quantity of blood, and produces most uncomfortable symptoms: doubtless the change in the position of the other viscera creates some uneasy sensations, but in a very inferior degree. After an attack of paraplegia, from an affection of the brain, should there be an indentation larger than natural between two spinous processes, or deformity of one of these, and therefore it be supposed that the symptoms proceed from a diseased state, and a recumbent position strictly adopted, if the patient could walk before this treatment was begun, it will be found, partly from the oppression the brain has been subjected to, he has entirely lost the command over the muscles, and that he cannot return to his former state until a long time has elapsed.

If the cerebral mass shall have suffered a diminution, can it be restored, or must it be supplied with the same inordinate quantity of blood continually, in order to put it in a sufficient state of tension? The brain and the circulation of its blood may be brought to their original condition by sufficient care and attention, but not without the greatest resolution; for besides the uncomfortable sensations produced in the brain itself, the difficulty of keeping the body erect is not a little increased by the pain excited in various parts from a change of position.

If the brain suffer, as I believe it does, ought a recumbent position to be used without the greatest caution? It is not in supposed diseases of the spine that the brain becomes oppressed, but frequently from slight indisposition and indolence. Thus a person feels unwell, and lies long in bed; he becomes enervated; and this position, if continued, increases his complaints: he soon becomes weary when up, and rests again and again, until such a change is effected in the brain that he cannot, without the greatest difficulty, return to his former state. And if a change of so much importance can be thus effected, is it not of sufficient moment to pause before such a state is produced as time can with difficulty obviate? And ought not this to be a subject of serious consideration, not only to the medical profession, but to every class, both as respects their comfort, their health, and, above all, their mental faculties. Too much vascular action, whether produced by overfeeding or indolence, may injure the mental faculties, and Shakspeare has well remarked,—

> "Fat paunches have lean pates, and dainty bits
> Make rich the ribs, but banker out the wits."

Lond. Med. Gaz.

II.

REMARKS ON THE STAINS PRODUCED BY THE IMPROPER USE OF NITRATE OF SILVER IN SOME DISEASES OF THE EYE.

A few months ago, a paper appeared in the Dublin Hospital Reports, by Dr. Jacob and Mr. Lawrence, in which note was taken of the stains which sometimes remain permanently on the conjunctiva and cornea, from the application of Nitrate of Silver to those organs. The following remarks of Mr. Hunt, Assistant Surgeon to the Manchester Eye Infirmary, were designed to counteract the effect of the above-mentioned Report in limiting too much the use of that powerful curative agent in some forms of ophthalmic disease. It will not be found uninteresting to the practitioner.

In most ophthalmic institutions, by far the greater number of cases of disease consist of opacities and ulcers of the cornea, and there is perhaps no part of the country in which so great a proportion of these affections depends upon strumous inflammation, as in Manchester and its neighborhood. Among several hundreds of these diseases, in which the nitrate of silver has been used, both by applying it in substance to ulcers of the cornea, and to the conjunctiva of the lid, as well as in solution, not a single instance has occurred of the livid, olive, or, as it may be called, bronze stain, to which Dr. Jacob and Mr. Lawrence have alluded. The experience of several friends is fully accordant with the above statement, and particularly that of Mr. Barton, the present senior surgeon of the institution, who has continued to employ the same remedy during a much longer period. I have certainly seen cases in which this discoloration has occurred; one instance in particular, where the stain which affected the conjunctiva of one eye only, was so deep that the difference between the eyes was perceptible at a very considerable distance. But here, as well as in several other cases which have come under my notice, there was no difficulty in accounting for the change of color, as a strong solution of nitrate of silver had been applied for many months without attention to those precautions which are always necessary during its employment. Let not, then, so valuable a local application be discarded because, like all other good things, it is liable to abuse. For, indeed, the remark of Mr. Lawrence, with which Dr. Jacob apparently coincides, viz., "that he does not see how lunar caustic, which has been so much recommended, is to act upon the diseased eye beneficially," has a great tendency, when coming from such authorities, to throw into disrepute this useful remedy.

Dr. Jacob himself states, that he has not observed that the application of even a strong solution, for a fortnight or three weeks, will produce the effect, but he believes its continuance for six weeks, or two months, will do so. Is not this stating, in other words, that when properly used the nitrate of silver does not cause the stain, and *vice versa*? The remark, also, of the beneficial influence of the nitrate of silver in the hands of such a man as Scarpa, when closely examined, resolves itself into the general observation, that a surgeon can only employ a local remedy, or plan of treatment, with advantage, when he understands the description of cases to which it is applicable. That lunar caustic does act upon the eye beneficially, very beneficially, in many instances, is a fact so firmly impressed upon my mind, by the results of the practice of others, as well as by the numerous trials of its efficacy which I have made, that not even the authority of Mr. Lawrence or Dr. Jacob can induce me to think otherwise, whilst I have every day before my observation the great advantages derived from its use. To point out all those diseases of the eye in which the nitrate of silver is of service, and the regulations necessary for its proper management, with any moderate degree of accuracy, would lead me farther than is my intention at present: I shall be contented with briefly stating, that in cases of strumous inflammation of the conjunctiva, whether accompanied by opacity of the cornea or not, where the intolerance of light was so great as to render the least opening of the eyelids very annoying to the patient, I have known a single application of the nitrate, in substance, to the conjunctiva of the lid, effect so much relief by the next day, even when unaccompanied by constitutional treatment, that the patient has been enabled, in a moderate light, to keep the eye half open, without any uneasiness being produced. Not that I underrate the value of internal medicines in such diseases, but I have stated the result of the application, when unaided by any other means, with the view of proving its utility in a manner which can admit of no objections, founded on the use of other remedies at the same time. When the state of disease already mentioned is combined with an ulcer of the cornea, which seems to resist the usual treatment, or one from which a slough has recently separated, leaving a surface, in which the ulcerative process seems still going forwards, the application of a fine point of lunar caustic to the centre of the ulcer, which has been recommended by so many practical surgeons, has, according to my own observation, fully justified the reputation it has acquired. Nor have I ever witnessed the indelible dark speck, or black opacity of the cornea, mentioned by Dr. Jacob, as resulting from the employment of the caustic, either in substance or solution. The only opacities of the cornea, caused by the healing of ulcers, however differing from each other in the extent of injured structure, appear to me divisible into those where the ulcerative action has been confined to the conjunctival covering of the cornea, and those where it has affected, not only this covering, but also penetrated into the proper laminar texture of this tunic. In the former, we have a semi-transparent opacity, of a bluish or greyish white, which eventually disappears; whilst in the latter, the central part of the opacity is of a different shade of color, more nearly approaching the yellowish white of ivory, and which never again becomes translucent. The permanent dark spots, found both in the conjunctiva and cornea, produced by the presence of particles of gunpowder, charcoal, and oxide of iron, in these tunics, do not appear to bear a very strict analogy to the specks in question, in consequence of the different circumstances under which they are introduced into these textures. When the caustic is properly applied to an ulcer, no part of its substance is allowed to remain in the cavity except that portion which is dissolved by the action of the fluid, lubricating the ulcerated surface; and however satisfactorily the application may act, in stimulating this surface, so as to check the ulcerative absorption, before existing, and encourage the deposit of lymph, or that fluid, whatever it is, which accomplishes the filling up of the ulcer, still this is a work of time, and the cavity, during this period, is continually washed out by the secretion of tears, which becomes more plentiful immediately upon the application of the remedy.

The nitrate of silver, also, when acted upon by the secretion, forms instantly a white precipitate. If this precipitate should remain in the ulcer, which is never dry, but continually covered by fluid until it heals, this fluid will prevent exposure of the precipitate to the atmosphere; which, if I understand, Dr. Jacob adduces as the cause of its becoming black, or brown, and, consequently, will also prevent the formation of the indelible dark speck so often before alluded to; whereas, in the case of a grain of gunpowder, or any other of the particles before spoken of, being forcibly driven into the cornea, this tunic is lacerated, and if the eye was in a healthy state previously, this laceration is soon united by adhesion, so as to cover the foreign body, and protect it from the action of the secretion which continually moistens the eye. Besides the dark spots formed by foreign bodies imbedded in the conjunctiva and cornea, the only others which have occurred to me are those caused by prolapse of the iris, or choroid coat, owing either to wounds or ulcers, and those cases in which a small portion of the iris remains adherent in the centre of an opacity, where an ulcer formerly existed.

Another instance of the utility of the caustic, is in those cases of chronic purulent ophthalmia, so frequently met with in men who have been formerly on foreign service in the army, and generally known by the name of Egyptian ophthalmia, where the conjunctiva of the lids is so much altered by disease, as to present a granular surface. These cases, generally so obstinate in their nature, are more improved by the repeated use of the nitrate than by any other plan I have witnessed. In one at present under treatment, the patient, who had for many months required a guide to lead him, was so much relieved by the granulations being freely dressed with the caustic three times in the week, that, in the course of a month, he was enabled to walk alone through the streets; and up to the present time, an interval of more than twelve months, the improvement continues to proceed, notwithstanding he has suffered occasional relapses, owing to irregular attendance. Although, in prolapse of the iris, and many other diseases of the eye, this application is equally serviceable, I trust enough has been already stated to assist in confirming those who have been in the habit of employing this valuable remedy, and to induce those who have not, to give it a fair trial.

III.

OF MALADIES WHICH MAY ARISE FROM RIGORS, OR ELSE FROM COLD, ACTING ON THE INTERIOR OF THE HUMAN FRAME.

For the Boston Medical and Surgical Journal.

DISTINGUISHED men often appear, who, besides their greater labors forming the principal sources of their fame, leave behind them *fragments of instruction* on secondary subjects. Dr. Kirkland (the father), an able practitioner in the last century, seems to have been one of this description,—as might be proved, were this the proper moment.

It is worth, however, commenting here on one particular *sentence* of Dr. Kirkland's, delivered by him in a transient manner; since it may lead the attention of medical practitioners to what is believed to be the cause occasionally of serious mischief, and sometimes even of death itself, both in cold countries, and also in countries subject to fevers in which rigors or shiverings of a *certain kind* sometimes occur; namely, the *long-continued operation upon the human frame*, either of external cold or of these internal rigors. The *sentence* from Dr. Kirkland alluded to above, and leading to this remark, is the following; which it is proposed should be taken as insulated and independent of other matter.

"So far as my observation goes (says this writer), where the *nerves* appear to be chiefly affected, the fate of the patient depends upon the *manner of attack;* because where the *rigor is excessive*, few only recover,—owing, perhaps, to an extreme irritability of a particular kind, and to the injury [which] such a state of the nerves receives, when affected by any *external cause* which *greatly lessens their energy.*" So far Dr. Kirkland—and now follows our *commentary*.

It is admitted that the sentence here quoted seems to have principal reference to diseases originating from *internal rigors;* nevertheless, under cover of it, we shall refer also to injuries produced by *exterior cold;* as each affection must act upon the other, as well as have several points between them in common. Far be it from us to assign to them, on this account, a joint place in our nosologies; as they are too unsteady and arbitrary in their symptoms to admit of any such classification. Our remarks are of a more limited and restricted nature.*

We shall now relate a *few cases* bearing upon one of the points which we have in view; leaving the *other cases*, bearing on the other point, for others to notice: and as we proceed, we shall farther explain our meaning.

We begin, then, with our *first* set of cases.

In the first instance, a substantial farmer, of connections well known to the public, and living in one of the towns of Maine, having suffered from heat in the month of May, dressed himself in his summer clothing; and though the weather afterwards became cold, he neglected to return to his winter dress. It is not known that he felt any particular *pain* at the time (for we often take a common cold without feeling *pain* at the moment); but he contracted a peculiar set of symptoms, which were attributed to the above circumstance, and were not to be removed by the remedies *ostensibly* called for; and he was carried off by them in a few months.

A *second* case to which we shall refer, was abundantly more marked. An eminent lawyer, whose business had called him to the sea-side, returned home (about 18 miles) in a severe winter's evening. Though pressed by his family to take prompt and suitable measures for recovering himself, he chose to wait more leisurely than was wished, for his evening refreshments; but, in the mean time, he manifested strong marks of being penetrated with cold—being unable, even by the fire-side, to keep his hands and arms from being drawn to and fro, from right to left, in a convulsed or paralytic manner. Fevers not being uncommon at the time, it was hoped that this disease (for it soon became a severe one) would prove only one of the fevers then prevailing; but, though skilfully treated, he languished a certain number of days, and then died. Here actual death, we perceive, followed in *two* cases.

The *third* case has not terminated in death, but it was attended by such *specific* evidence of its origin, as to leave no reasonable doubt of its *cause*. The son of a very distinguished French General, passing, late in the fall of the year 1828, by Frenchman's Bay (so called) in Maine, determined, from national feelings, to take a sketch of this bay with his pencil; and seated himself, for this purpose, quietly on a cold rock, in cold weather. An English naval officer, his travelling companion, having in vain remonstrated on the disproportion between the object in view and the risk he ran, left him for a time to himself; so that an hour perhaps was consumed in the above operation. Notwithstanding great appearances of previous health, activity, and strength, this young person soon found himself very seriously indisposed, and became confined, with little exception, to his chamber for several weeks, with a most obstinate difficulty in passing his urine, besides having other connected complaints; though his health, in other respects, was less affected than might have been expected. He had good medical advice soon after his first attack; and, subsequently, he obtained the opinions of several eminent practitioners in some of the first cities in the United States; but he long endured this complaint in a formidable shape, even if he has now recovered from it.

---

* It is to be observed that our subject has nothing to do, under any shape, with cases where death occurs from external cold, acting *without slow preliminary symptoms;* for here the parties are said to be *frozen to death:* nor does it include cases where the surface of the body or the extremities alone are injured; for here the patient is merely said to be *frost-bitten.*

The notice of a *fourth* case of the kind in question is now to follow, being that of the celebrated English Minister, Mr. George Canning; who, having been previously unwell, became seriously chilled, or affected in his nerves, or both, in consequence of his bearing part in the peculiarly long and slow-paced funeral procession of the King's brother, the Duke of York; and died in consequence of this complicated attack.

It is plain that *these four* cases bear a pointed reference to the action of *exterior cold;* but it is hoped that there are various readers of these remarks, who will be able to furnish *another set of cases*, equally interesting, where the primary cause of the maladies which ensued, will be found in *rigors:* we mean such rigors as abound in some of the febrile diseases common to the larger part of the United States, and such as are above described.

Upon the statements, however, already presented, a query or two may be founded; namely, 1st, as to the *nature of the evil* produced; and, 2d, as to the *mode of proceeding* to be used in the *first instance* respecting it. What will be offered under these two heads, will bear a closer relation, perhaps, to each of the two sets of cases in view, than might at first be suspected.

1st. As to the *nature of the evil* produced, we cannot yet hope, with regard to the cases arising from exterior cold, to collect much aid from the observations of others, nor yet from dissections; but we may say something ourselves on the subject *hypothetically*, and by means of hints and conjecture.

First, then, we remark, that the yolk and the albumen of the egg of a bird, being once coagulated by heat, each remains thus fixed forever; fluidity being incapable of being restored to *either* of these substances. Hence we perceive that a change of temperament having once operated in certain cases, the result may be indelible. Next; the flexibility, the firmness, the motions, the porousness, &c., of certain important organs and substances, may sometimes be essentially affected in cases of this sort. Again; certain fluids of the system may become injuriously and irrecoverably *intermixed*, by severe agitation; or, in other words, there may, by this means, be an *error loci*, of a serious nature, occasioned in certain instances. It is needless farther to multiply hypotheses, after having offered these suggestions. But it is right for a theorist to bear in mind (such is the versatility of nature) that various *insects*, as far as cold is concerned, may bear an immense amount of cold, without being injured as to their fluids, solids, or organs.*

But to proceed to our second general remark: we notice, that various evils here referred to, are often obviously open to *two* early measures for their relief; namely, first, that of withdrawing the patient from the *cause* of the injury, where it is not internal; and next, that of applying warm and well-known stimulants to the body externally and internally—observing, as with frost-bitten patients, that there nevertheless may possibly be some danger of applying our antidotes too precipitately. I say nothing, moreover, of what happens in internal rigors as above described, when an *epidemic* prevails; for here something may act contrary to rules belonging to common cases, there seeming to be that in an epidemic, which (in the phrase of Sydenham) is "an entire subversion of the [*usual*] rules of the animal economy."

---

* The case of animals in a *dormant* or *torpid* state, differs again from that of the particular insects above mentioned, which seem to defy all power of frost.

As to the *sequel* of the proceedings to be adopted in these several cases, it is plain (such is the analogy between the two branches of our subject) that each case must in the *end* be treated as its own particular symptoms shall suggest.

Here our commentary must terminate; but in reviewing it, we have the satisfaction of being persuaded, that as the subject is now brought into view, remarks will multiply in the hands of others; and that in the hands of none is mischief probably likely to ensue, notwithstanding (thanks to the sagacity of Dr. Kirkland) this new branch of theory and of practice in medicine, is now first brought into notice.

What has been said here by the writer of this paper in his own person, is under an avowed sense of its imperfections; but

Valeat quantum valere potest.

P. S.—Reference might perhaps have been made, in the body of this paper, to the last illness of the late Dr. Gorham, of Boston; which began by exposure to considerable cold, and was aggravated both by his excess of confidence in his own constitution, and by his persuasion that he had passed with impunity through various similar scenes before. Some of the first physicians in Boston, who in the end were consulted, and whose opinions have been in some degree made public, do not seem to have been altogether disposed to have classed his case, where we perhaps should have put it. But had the attack appeared in a still more *severe* shape than that which presented itself, their opinions, also, might possibly have been modified; since it is plain that the evil might have proceeded considerably farther than it did, and have increased in its approximation to the amount described in the paper above, without going to the length of destroying the patient by producing *immediate* death (that is, *primo ictu*); and the question here we see is as to a degree of measure and amount, and not to an *extreme* case. *

MEDICAL JOURNAL.

BOSTON, APRIL 19, 1831.

POISEUILLE'S RESEARCHES ON THE VENOUS CIRCULATION.

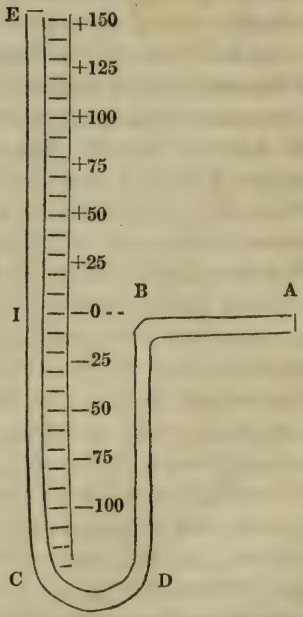
In the celebrated experiment of Barry, performed with the view of determining the mechanical cause of the circulation, the jugular vein of a horse having been carefully divided, a glass tube was introduced by its two extremities into the two cut ends successively, so that the circulation took place through the tube itself for a distance of several inches. The central part of the tube thus employed was of much larger diameter than the extremities, forming a sort of bulb, capable of containing a considerable amount of liquid. By carefully examining this part, which was left wholly exposed, Dr. Barry satisfied himself, and several individuals present, that the blood flowed toward the chest at every inspiration, and retreated or remained stationary during expiration. As the circumstances of the experiment were peculiarly favorable, and the observation steadily continued for a considerable time, there could be little doubt as to its accuracy; it appeared evident, therefore, that the moving power of the blood, in this case, was the pressure of the atmosphere on the veins, exerted during the period when a vacuum was formed within the chest by the depression of the diaphragm. From this and other experiments, the details of which may be seen in his work, Dr. Barry was led to adopt the following conclusions:—1st, that the blood which runs contrary to its own gravity, arrives at the heart only during inspiration; 2dly, that the power which impels it at this period through the veins, is atmospheric pressure; 3dly, that as this power can be applied to the blood of the veins only at the moment of inspiration, this fluid must move with a velocity which is to that of the blood moving through the arteries, as the time of a whole respiration is to that of an inspiration only.

It is to be observed, that neither in these propositions, nor in those afterward advanced, did Barry go to the length of asserting that atmospheric pressure was the sole cause of the venous circulation. That he believed it to be the principal one, and to extend throughout the venous system, is evident from the calculation above made, which could be exact only so far as this was the case, and equally so from the manner in which he accounts for the motion of the lymph and chyle; which he says "are sucked up towards the chest, through the direct communications which their vessels have with the subclavian and other veins." (Researches, p. 37.) He afterwards assigns two other causes of the circulation in the veins—namely, the force of the heart's action on all these vessels, and the influence of gravity on those which descend; but adds that "the pressure of the atmosphere is by far the most intense in its degree, the most constant in its influence, and the most unvarying in its amount. It is that without which the circulation could not be maintained beyond a few moments." P. 57.

The objections which have been made to the views above stated, are probably, for the most part, familiar to our readers. They are princicipally the following:—1. That the partial vacuum produced in the chest by inspiration, being immediately supplied by air from without, cannot act with any force upon a denser fluid in an opposite direction. 2. That the veins being flexible tubes, the pressure of the atmosphere would tend to approximate their parietes, rather than to force a fluid through their cavities. 3. That the venous circulation is not peculiar to animals which perform the process of respiration by means of lungs; that in fishes, which breathe by gills, and in the fœtus, independently of respiration, the venous circulation goes on with the same vigor as in man. The second of these objections had been anticipated by Barry (p. 47), and the last was distinctly stated in the very able and cautious report of Cuvier and Dumeril to the Academy. But while the analogy of other physical and vital processes was summoned to show that what Barry had advanced could not be true, no one appears to have been prepared to assert that it was actually false. His great argument, the experiment, remained still unanswered. In order to combat this, it was necessary to show one of two things,—that the observer had deceived himself and the illustrious men present, in supposing a phenomenon to take place which in fact did not occur; or, 2dly, that admitting its truth, it was susceptible of a different and more satisfactory explanation. Such is the inherent difficulty, however, of proving a negative proposition, and such the apparently increasing diffidence in the results of experiments on animals, that the inquiry appears to have been feebly, if at all, prosecuted, and the subject to have virtually remained where Barry and the French Academy had left it.

Dr. Poiseuille, of whose ingenious researches into the arterial circulation we gave an account in a former number, and who, to uncommon dexterity in experimenting, appears to unite a spirit of rigorous calculation not always found among physiologists, has lately turned his attention to this subject; and while he confirms the accuracy of the observation made by Barry, has added others by which the conclusions of that philosopher must be considerably modified: in other words, M. Poiseuille has arrived at the conclusion, "that the suction due to the dilatation of the chest and of the right side of the heart, is not the principal cause of the movement of the venous blood; that the operation of this force is limited to the large venous trunks, which discharging themselves in the chest, less resistance is offered to the smaller branches: the force in question is therefore an auxiliary, but nothing more."*

The mechanism adopted by M. Poiseuille in conducting his experiments, though considerably different from Dr. Barry's, was sufficiently simple, and can be readily comprehended by means of the annexed plate.



---

[*] Vide memoir read to the Institute, Sept. 30, 1830.

It consisted of a glass tube, curved as represented in the figure, and having its extremity, A, fitted to receive an additional tube, of a diameter corresponding to the vein which was made the subject of the experiment. The portion from A to I was filled with a solution of subcarb. sodæ, which salt has the property, when mixed with the blood, of preventing its coagulation. Along the great branch E I D, was placed a scale perpendicular to the line A I, provided with a plumb line to secure its vertical position. The scale was in the original divided by millimetres, for which we have substituted lines, or tenths of an inch. The zero of the scale was at I. The manner of using this instrument is easily seen. A tube of proper diameter being added at A, and introduced into a vein towards the heart, if a vacuum take place in the vessel, the liquid will follow, and its surface will descend below the point I. If, on the contrary, the blood is thrown back into the vein, the liquid will rise above I, and will move toward E.

The results obtained by employing this mechanism, were as follows:—When the extremity of the tube was introduced into the jugular vein of a dog, and passed down to within four lines of the chest, the long tube having a vertical position, the liquid, which before stood at I, was first observed to ascend above this point, and then descend below it; the former movement corresponding to the expiration, and the latter to inspiration. Designating by + and — these different states, the height attained at the first inspiration was —36; at the expiration following, +34; then —28 and +24; and these differences in elevation continued to succeed each other for the space of ten minutes. The same experiment repeated on the opposite jugular, gave the same results.

In another animal in whom the right jugular was operated on, the additional piece employed was 32 lines in length; and the vessel being opened near the chest, the instrument reached, in that cavity, nearly to the right auricle. In this experiment, the degrees obtained in the inspirations were —32 —48 —60 —52; and in the expirations, +48 +52 +92 +80.

In order to leave no doubt that the preceding phenomena were produced by the rarefaction of the air in the chest, the experiment was varied as follows:—A metallic tube, provided with a stopcock, being introduced into the trachea, and the instrument being applied to the vein, the elevations were nearly as before, —32 +36, —30 +32, —24 +26, —32 +36. The stopcock was then closed immediately after an inspiration; the liquid immediately descended, and gave, successively, —16, —24, —30, —32, —40, —48, —56, —60. It is to be observed, that the longer the time that elapsed after the air was excluded from the chest, the more violent were the efforts at inspiration, the greater the expansion of the chest and the pressure of the external air; which precisely corresponded to the indications given by the instrument. On permitting the air to re-enter the chest, the liquid again rose, presenting the elevations —32 +28, —30 +32, &c., as before: the stopcock was then closed, not after an expiration, as at first, but when the animal had inspired, and the degrees presented were +16, +20, +28, +38, +41, +46, +48; a result which might of course be expected to occur, from the efforts made to expel the air, and the consequent increased pressure, from within outward, exerted directly on the venous trunks. Similar phenomena to these also occurred when the subclavian and the vena cava inferior, at their entrance into the chest, were made the subject of experiment; thus confirming the opinions of Barry so far as to show, that the chest, at the moment of inspiration, acts on the blood in the large venous trunks which it contains, and thus becomes a cause of the movement of this fluid.

Having repeated the experiment on the jugular vein, under circumstances apparently similar to those above stated, M. Poiseuille remarked that while the inspirations produced a descent of the fluid similar to what had previously been noticed —namely, to —28, —32, —36, —30, —34, successively—the corresponding expirations produced —2, —6, —4, —2, +1. On dissecting the vein which presented this result, the reason of the difference was perceived. It was found that a valve had intervened between the extremity of the instrument and the thorax, which had impeded, without wholly preventing, the reflux of the blood. This explanation was subsequently confirmed by another experiment, in which the extremity of the tube, placed at 12 lines distance from the thorax, showed scarce any elevation above zero, but, on being urged somewhat farther, immediately presented corresponding degrees of elevation and depression.

Having thus ascertained the effect of the suction power of the chest on the large vessels, M. Poiseuille proceeded to inquire to what distance from the thorax itself this influence extends. Having opened the jugular vein in a dog, eight lines below the point where it receives the facial, he directed the extremity towards the chest, so as to make the intervening space about 5 1-2 inches. The liquid remained at zero for seven minutes; then, the respiration being more violent, oscillated once from —2 to +1, and again became stationary at 0: the moveable piece being then exchanged for one of greater length, so as to make the distance two inches, the liquid descended to —32, then rose to —6, and continued to oscillate between these two points during the respiration which succeeded; the greater elevation of the liquid being, as in the former instance, prevented by the valves.

In a subsequent experiment, the extremity of the tube, introduced into the brachial vein, was placed within three inches distance from the chest, the intervening valve of the subclavian having been ruptured so as to permit the reflux of the blood. In this case, the liquid constantly remaining above 0, oscillated from 48 to 60, and from 32 to 40. The respiration being suspended at the end of an inspiration, the liquid rose to 80, then descended to 24, rose to 76, and descended to 26: the air being allowed to enter the chest, and the respiration again suspended after an expiration, the level of the liquid varied, during the succeeding efforts of the animal, from 8 to 24 above 0.

In a third experiment, in which the brachial vein was opened, the tube was passed to within four inches of the chest. The liquid remained permanently at 0, even when the respiration was most violent. Finally, in a fourth trial, in which the distance of the instrument from the chest was nine inches, the surface of the liquid remained equally immoveable, although violent efforts to expand and compress the chest, were produced by closing the trachea successively when this was distended with air, and after it had been emptied by expiration.

Such are only a part of the facts on which M. Poiseuille has founded his modification of Dr. Barry's theory. That this theory required modification, and that the influence attributed by Barry to the atmospheric pressure was unduly great, has been, as we have already observed, a very general impression; but the merit certainly belongs to M. Poiseuille of setting the subject in a clearer light, and of assigning, with a very considerable degree of exactness, the limits within which this influence is exerted. Some farther researches by the same author, in this important department of physiological inquiry, will be considered at some length in a future number.

MURRAY'S CURE FOR CONSUMPTION.

Our notice of Mr. Murray's new mode of treating this disease, was copied into the N. Y. Commercial Advertiser, and the intelligence came with such deep interest to persons in every quarter of the country, that very numerous have been the inquiries sent us for further information and the work of Mr. M.—In reply to these we published, a few weeks ago, some directions, sufficiently minute, for using the nitric acid in this disease.—We are gratified to notice, in the newspaper before mentioned, the following note, with the Editor's testimony to the veracity of its author.

"*Cure for Consumption.*--We give place to the following communication with much pleasure. Mr. E. White, the gentleman whose signature is attached to it, is well known to the community, and the utmost reliance can be placed upon any statement made by him. The discovery, if, after being fairly tested, it shall be found efficacious in other instances, is truly a valuable one, and is well worthy of the attention of medical men.

To the Editors of the Commercial Advertiser.

Seeing it stated in your paper, a few weeks since, that inhaling the fumes of nitric acid had been found to cure the consumption, at my suggestion and request, a worthy and intelligent man who has been for two years past in my employ, has, within the last eight days, given it a trial. As no directions accompanied your notice, the following course was adopted:—Under a handkerchief, one end of which rested on the head, the other left to fall down over the breast, he held a glass tumbler, having in it a teaspoonful of the acid, and breathed the fumes, thus prevented by the handkerchief from escaping, about half an hour at a time, three times per day. The effect has been to relieve him *entirely* from an obstinate cough of many years standing, and which, for the last two months, had been accompanied with all the symptoms of a confirmed and rapid consumption; all which have, according to *present appearances*, disappeared with the cough. How permanent this relief may prove, time must show.—That others, laboring under the like affection, may be put in early possession of the above facts, and with a hope that relief may be found therefrom, this communication is made by request of the person above referred to. Yours, &c.

E. White.

N. B.—The gas can only be breathed at the mouth—and to prevent the eyes being affected by it, keep them closed."

Iron in Chorea.—Dr. Elliotson, of St. Thomas's Hospital, London, says he has *never failed* of curing chorea by the subcarbonate of iron, if duly persevered in. Two drachms were given twice a day, in ordinary cases. The good effects sometimes began to appear in two or three weeks, and a continuation of the remedy three months was sometimes necessary. We expect too rapid cures, in this and many other diseases;—too little perseverance is a common failing with both patients and physicians.

Effects of Haste in increasing and diminishing Davy's Corpulence.—Such was his great celebrity at this period of his career, that persons of the highest rank contended for the honor of his company at dinner, and he did not possess sufficient resolution to resist the gratification thus afforded, although it generally happened that his pursuits in the laboratory were not suspended until the appointed dinner-hour had passed. On his return in the evening, he resumed his chemical labors, and commonly continued them till three or four o'clock in the morning; and yet the servants of the establishment not unfrequently found that he had risen before them. The greatest of all his wants was time, and the expedients by which he economised it, often placed him in very ridiculous positions, and gave rise to habits of the most eccentric description: driven to an extremity, he would in haste put on fresh linen, without removing that which was underneath; and, singular as the fact may appear, he has been known, after the fashion of the grave-digger in Hamlet, to wear no less than five shirts, and as many pair of stockings, at the same time. Exclamations of surprise very frequently escaped from his friends at the rapid manner in which he increased and declined in corpulence.

NOTICE.

In reply to the inquiry of a subscriber who wishes to procure the work now publishing under the direction of the Mass. Med. Society, we would state that the Society has no interest in any copies beyond those required for the present and perhaps future members. The publishers will probably strike off extra copies for sale, which may be procured, as published, of the principal booksellers in the United States. The work on Fever will be published early in June; and if the plan is carried on, probably one or two numbers may appear each succeeding year.

Whole number of deaths in Boston the week ending April 8th, 25. Males, 10—Females, 15. Of consumption, 3—smallpox, 1—infantile, 3—old age, 2—croup, 1—dropsy, 1—inflammation on lungs, 3—scald, 1—unknown, 2—lung fever, 4—brain fever, 1—carbuncle, 1—dropsy on brain, 1—tumor, 1.

ADVERTISEMENTS.

COPARTNERSHIP NOTICE. JOHN COTTON and DAVID CLAPP, JR. have taken HENRY S. HULL into copartnership, and the printing and publishing business, which has heretofore been conducted at 184 Washington St. in the name of JOHN COTTON, will be continued under the firm of CLAPP & HULL.

D. C. and H. S. H. will give their personal attention to BOOK AND JOB PRINTING, of every variety, which will be neatly and correctly executed, upon reasonable terms.

⁂ Booksellers and authors are informed that the printing of medical and other works, of any size, will be undertaken as above, and every branch of their mechanical execution will receive particular attention. March 29.

THE NATURALIST. Devoted to Zoology, Botany, and Mineralogy, illustrated by Lithographic Prints, edited by D. JAY BROWNE, aided by distinguished Naturalists, and published monthly by Peirce and Parker, No. 9 Cornhill, Boston. Each number contains 32 octavo pages. Price, Two Dollars a year in advance.
March 22.

VELPEAU'S MIDWIFERY. This day received and for sale by CARTER, HENDEE & BABCOCK—An Elementary Treatise on Midwifery, or Principles of Tokology and Embyology. By Alf. A. L. M. Velpeau, M.D. March 29.

NOTICE. Those gentlemen who are yet indebted for the 1st vol. of the Med. and Surg. Journal, from Feb., 1828, to Feb., 1829, are hereby notified, that, after four weeks, the Proprietors of that Volume have authorized Mr. S. Smith to collect all that is due to them for it; and the present Proprietor respectfully requests that those indebted to him for the Medical Intelligencer, and the 2d and 3d vols. of the Med. and Surg. Journal, will forward all arrears. JOHN COTTON.

The subscribers above mentioned for said 1st vol., are hereby requested to remit payment for the same to the subscriber, at the office of the Boston Daily Advertiser.
SAMUEL SMITH, Agent for said Proprietors.
March 1, 1831.

COPARTNERSHIP NOTICE. The subscribers have formed a connexion in business as CHEMISTS, DRUGGISTS & APOTHECARIES, at Apothecaries' Hall, No 188 Washington Street, opposite Marlboro' Hotel, under the firm of JARVIS & PEIRSON.
NATHAN JARVIS.
GEORGE W. PEIRSON.

EUROPEAN LEECHES.

J. & P. have a few fine European Leeches—to the application of which, when directed by Physicians, they will attend without any additional charge.
Feb. 8.

WILLIAMS ON DISEASES OF THE CHEST. This day received, by CARTER & HENDEE, "A Rational Exposition of the Physical Signs of the Diseases of the Lungs and Pleura, illustrating their Pathology and facilitating their Diagnosis." By CHARLES J. B. WILLIAMS. Dec. 6.

BECLARD'S GENERAL ANATOMY. CARTER, HENDEE & BABCOCK have this day received—Elements of General Anatomy, or a Description of every kind of Organ composing the Human Body. By P. A. BECLARD, Professor of Anatomy of the Faculty of Medicine of Paris. Preceded by a critical and biographical Memoir of the Life and Writings of the Author. By OLIVIER, M.D. Translated from the French, with Notes. By JOSEPH TOGNO, M.D., Member of the Philadelphia Medical Society. Dec. 28.

The Boston Medical and Surgical Journal is published weekly, by CLAPP & HULL, at 184 Washington St. corner of Franklin St., to whom all communications must be addressed, *post-paid.*—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for a newspaper.

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, APRIL 26, 1831. [NO. 11.

I.

OBSERVATIONS ON THE INFLUENCE OF IMPERFECT SUPPLIES OF FRESH AIR, LONG CONTINUED, ON THE GENERAL HEALTH.

By William Watson, Esq., Surgeon, Wanlockhead.

From the experiments of Lavoisier, Davy, Allen and Pepys, and Dr. W. F. Edwards, we learn, that air containing a certain proportion of oxygen gas is indispensable to effect the requisite changes on the blood of the pulmonary artery; that in the course of successive respirations, the oxygen gradually diminishes, and that its place is supplied by variable proportions of carbonic acid gas; and that, in consequence of these changes in the air respired, frequent fresh supplies are requisite. It was also ascertained by Allen and Pepys, that when an animal breathes the same quantity of air without change, death ensues before all the oxygen disappears; and that when the same portion of air is respired until it can no longer effect the requisite changes, it still contains only 10 per cent. of carbonic acid.

In all the experiments of these observers, the animals were made to respire an atmosphere which was gradually becoming vitiated, until insensibility or fatal *asphyxia* took place; and no attention was paid to the question, how far an atmosphere not frequently changed is capable of supporting life, and what influence such an atmosphere exercises on the functions and health of the animal body?

This question, I think, may be illustrated, if not determined, by the situation of miners, who are under the necessity of following their avocations in places so remote from the general mass of the atmosphere as to be almost insulated; and where, of course, there is neither a regular ingress of atmospheric air, nor egress of the substance formed during respiration and combustion. In these places the air is so rapidly inhaled, that a considerable diminution of the quantity of oxygen must follow, and its place being supplied by an equal quantity of carbonic acid gas, the bulk remains unaltered. The carbonic acid, however, from its specific gravity, falls to the bottom of the mine, where its presence is indicated by a candle burning more obscurely than when placed at a greater height.

But carbonic acid is scarcely ever accumulated in such quantities as to affect the action of breathing, except in so far as that is connected with the process of oxidation and assimilation, and then its effects are very material; since all the nutritive particles, before they can be assimilated with the blood, must be submitted to the action of the atmosphere through the medium of the lungs. "In this way," to use the words of one of our ablest philosophers, "respiration may be said to be carried into every part of the body." Since, then, a certain proportion of oxygen is so necessary for the due support of the animal system, and since it has been demonstrated by satisfactory experiments, that a medium, consisting entirely of oxygen, would excite the action of all the vital functions to such a degree as even to cause the extinction of life, it seems a natural inference, that the inhalation of a medium deprived of a part of its oxygen should be attended with very different results—namely, a loss of tone or debility in proportion to the quantity inhaled.

That this is really the case, is not only proved by the experiments above alluded to—but all the observations which I have made during a considerable number of years tend to strengthen my conviction of its truth.

In the year 1823, sixteen men were employed, during four months, in a mine where the deficiency of air was so considerable, that a candle would not burn for any length of time, except when the wick was made so open as to allow the greatest possible quantity of air to come in contact with the ignited part. The candle was placed generally in a sloping position. Notwithstanding the deficiency of air, none of the miners had any inflammatory complaints, but all complained of lassitude, debility, and drowsiness, particularly towards the end of each day's work, sixteen hours; and they all became gradually paler in complexion.

In 1824, an equal number of men were employed in the same mine, with nearly the same result. Thirteen were quite free from any particular complaint,—one complained, for a few weeks, of a slight pain in the stomach,—the other two, for a few days, of pain in different parts of the body from obstructed perspiration.

In 1826, sixteen men were employed five months in a mine where the quantity of air was still smaller than in the former—still the miners were free from any particular complaint. Only one complained of shifting pain, from improper exposure when perspiring freely. In 1827, the same number of men were employed in the same mine for four months, and all remained free from complaint. Reasoning, then, from analogy, it seems fair to conclude, that a person placed in a medium where there is a considerable deficiency of oxygen must become less liable to inflammatory action, and that this non-liability will be in direct ratio to the length of time he is confined in such medium. At least, this is no speculation founded on mere conjecture, but supported, in my opinion, by the facts which have come under my own observation. From these, I draw the following inferences:—1st, That miners are not more liable to inflammatory complaints than any other class of the community. 2dly, That a majority of them, at least, in this district, remain free from any particular affection of the chest. 3dly, That hydrothorax among miners is rather a rare disease, only two cases having occurred to me in the course of fifteen years' practice.

With regard to the first of these conclusions, I may merely mention, that a majority of the inflammatory affections which have come under my notice, arose from exposure to sudden vicissitudes of weather, as in the case of engine-keepers, lead-washers, carters, &c. ; and as to the second,—of sixteen miners, each sixty years of age or upwards, and still connected with the work, four have been invalided ; while the other twelve continue to follow their occupations as usual. The united ages of the miners amount to 329.

I may also observe, that from a professional observation of fifteen years in this mining village, I have been led to the conclusion, that phthisis is not more prevalent among the miners here, than among any other description of people who are constantly inhaling pure atmospheric air.

As a proof of this, during the above-mentioned period, cases have occurred as frequently among females as among males ; and even of the latter, there were several individuals who had never been employed in the mines at all—so that, with reference to this disease, the balance seems to be in favor of mining as an occupation ; the deaths having been, according to my computation, in the proportion of six miners to nine others. I infer from this, also, that the effect generally attributed to the inhalation of noxious vapor and fine mechanical particles, namely, the irritation of the mucous membrane of the bronchia, and the inflammation thereby induced, has been much overrated ; and that the conclusions drawn from this supposed effect are founded rather on analogy than on experiment or observation. The idea that fine mechanical particles may be suspended in the atmosphere, and, being inhaled along with that fluid, may produce the irritation alleged, I am inclined to receive with considerable distrust. Mechanical particles, to occasion any serious injury, must be of such a magnitude as would preclude the possibility of their being retained in suspension ; and, on the other hand, such as from their extreme minuteness would admit of being so suspended, may either be inhaled with impunity, or must do their mischief in some other mode than the one assigned. It appears to me, therefore, that, if consumption does occur more frequently among miners than among some other classes of the community—a position which I think questionable—it must arise chiefly from the laborious exercise necessary in their daily avocations, which, by accelerating the current of the blood through the lungs, may occasion some injury to that delicate organ, especially if any part of the vascular system was predisposed to disease. But to this I would consider them no more liable than any description of laborers on the surface whose stated exercise is equally severe. I am aware that this view of the subject differs from that of many medical gentlemen of established name—yet it has not been hastily or carelessly adopted, but is founded on long observation and experience ; and, unless it can be invalidated by opposite experience, I flatter myself that the liberal and enlightened practitioner will hesitate to pronounce it altogether erroneous.—*Ed. Med. & Surg. J.*

II.

PHLEBITIS OF THE SAPHENA VEINS CURED BY COMPRESSION.

May 27, 1830.—A young man, æt. seventeen, was admitted into the Hôtel Dieu, who had been obliged to remain constantly in a standing posture. He was of a feeble habit, and complained of pain and debility of the lower extremities. He had had diarrhœa for two days. This symptom soon disappeared, but the pains in the legs increased. Baths were employed without advantage. The continuance of the pain led to a more attentive investigation of the case ; and on the 7th of June, upon examining the lower extremities, small and irregular enlargements, of a blueish color, were detected upon the course of both internal saphena veins. These enlargements were very painful on pressure, and did not disappear under the weight of the finger. The inguinal glands were not tumefied. There were no red streaks of the skin, indicative of any affection of the lymphatic system. The patient could not bend his knees without pain, on account of a slight swelling in the ham, which was supposed to depend upon enlargement of the glands of the part, from obstruction to the venous circulation. The pain did not run in the track of the nerves, and was not, indeed, present, except when the swelling was pressed upon, when it became very acute. There was little or no fever.

The case was now considered to be partial phlebitis of both saphenæ veins, and M. Recamier prescribed free doses of tartar emetic, which caused vomiting. No benefit was derived from this treatment, which, however, was scarcely continued long enough to enable any opinion to be formed of its efficacy. Compression was determined upon. Firm poultices of linseed were applied, and bound down by rather tight bandages.

The following day, the tumors on the veins were diminished in size, and less pain was felt on pressure. There was an obvious amendment every day, and in a short time all traces of phlebitis had ceased. Compression was still, however, continued, as the pains in the legs had not entirely disappeared.

It is to be observed, that the pains continued some time after the tumors, which showed the character of the disease had diminished. The limbs at length recovered their strength and action, and the patient quitted the hospital entirely cured.

Journ. Complémentaire.

III.

PREGNANCY—NECESSITY OF SCRUTINIZING SUSPICIOUS ENLARGEMENTS OF THE ABDOMEN.

We present the reader the following extract from a clinical lecture by Dr. Elliotson, because it contains some practical caution—refers to a mode of examination in such cases which was recommended in an article by Dr. Fisher, which was originally communicated for this Journal about a year ago, and subsequently copied into other medical works—and because it illustrates the agreeable mode of lecturing which the student notices so often in the Medical Schools of Europe.

Respecting the cases that were admitted this week, there were five among the women and three among the men.

Among the women a case of continued fever, a case of rheumatism, a case of bronchitis, and a case of hysteritis. Among the men a case of nephritis and two cases of bronchitis. Among the women there was also admitted a case of *pregnancy !* When I came to the hospital on Thursday, I found one of my beds appropriated to a young woman with a large abdomen, who said that her doctor—Dr. Fiddle, had told her she had got the dropsy, and had better come here to be cured.

Now when I was a pupil, I saw a very sharp clever man admit two cases of women with big bellies, and prescribe for them squills, acetate of potash, and other anti-hydropics ; and before the week was out, each of these persons had a little one sucking at her side. However, this would have been a very disagreeable and discreditable circumstance now, in these days of diagnosis, and therefore I condescended (or my physicianship condescended) in the case of this patient, to use mechanical means for the purpose of investigating her state ; and I not only inquired whether there was fluctuation or not, as physicians are allowed to do, and ascertained that there was none, but I had her undressed, as I make it a rule in all cases of affection of the trunk, whenever there is a suspicion of organic disease. I believe it is considered by some to be derogatory to the dignity of a physician to use his hands or his ears ; but as nature has given us both ears and hands, for one I am very grateful for the gift, and whenever the phenomena of touch or sound occur, I consider them equally worthy of notice as phenomena of sight, or as details given, and despise not the assistance afforded me by the Creator. I therefore mechanically examined the whole abdomen of this young lady, and found there was a considerable tumor of the abdomen, quite hard ; and the tumor grew broader and broader upwards, till, at the commencement of the epigastrium, I felt it well defined, its edge rounded off, and its shape something like a segment of a circle. On looking at the breast, the areola appeared of the darkest brown. All this, of course, made me very suspicious. At one part of the tumor, the upper part, near the right hypochondrium, I found a projection, smooth, firm, and globular, as if a lobule was there. While my fingers were upon it, however, it disappeared—away it went. On applying my fingers a second time, I found it again, but more in the centre ; then it receded, and I felt it lower down. While I was feeling it, there gave such a kick that I started and withdrew my hand. The nature of the case was perfectly clear, but I said nothing about it ; and asking the maiden how long she had had the dropsy, she replied three months. I asked her if she still menstruated, and she replied that nothing of that kind had happened for ten months. I asked her if she was ever sick, and she replied every day, and all day. I think it very likely, from all this, and what I have seen in other women, that she really had no idea of being pregnant. I believe that many women become with child, and are not at all aware of it ; not that they are not aware that they have taken all the proper means for getting into that state, but that they have no idea that these means have taken effect. It is so common for women to indulge, and think no harm can come of it, because so frequently no harm does come, and they perhaps themselves have so long indulged with impunity—it is so common for women to suppose that no harm can come to *them* from it, and not to know that, in these matters, sometimes a very little goes a great way. I know that some are impostors, and come to the hospital declaring themselves not with child while they know that they are, and protest and pretend they are so virtuous that the thing is out of the question—quite impossible; yet I do believe that many are deceived. This woman, I think, must have been deceived, and for this reason—she told me at once, honestly and frankly, that she was constantly sick, and that she had not menstruated for many months. Now, I think, if she had really wished to deceive, she would not have acknowledged these two circumstances—I think not.

I have been told by gentlemen who practise midwifery, that single women are frequently so little aware of being with child, that they have actually been taken in labor, and yet would not believe their real state. I have been told of women who suffered the pains of labor, and without being at all convinced, and have still persisted that they were not with child. Of course, it would be absurd any longer to attempt deception, and I think such conduct must generally arise from ignorance of their real condition. I think that single women in the family way, have frequently no idea how very easy it is for them to become so. A man cannot be too tender towards the female sex, and I therefore did not reproach her with imposture, nor even declare her state to her in express words. I said nothing more than that she had not got the dropsy, and requested you to listen to the little one's heart, which beat distinctly 120 in a minute, while the mother's pulse was only 76.

This case is interesting particularly on this account: when we applied the stethoscope to the abdomen, low down on the left side, the child's heart was heard distinctly pulsating with a double beat. I myself counted it 120, while the mother's pulse was 76. It was perfectly distinct: there could be no doubt at all about it, and several gentlemen examined as well as myself. I had never heard the fœtal heart pulsating before.

Respecting the treatment of this case, the prescription I wrote was, *exeat*—let her depart in peace.

The case is only important as showing the necessity of taking pains to make a careful diagnosis. Any one would suppose that a case of this kind could never occur; but I do recollect, as I have already stated, seeing, when a pupil, two pregnant women admitted, but not examined in bed, and prescribed for at once in the admission-room—ordered diuretics and other remedies for dropsy. Though luckily no harm was done, yet the physician looked exceedingly ridiculous; it occasioned talking and laughing among the pupils, and must have made the patients themselves think, at all events, that the doctor was no conjuror.

IV.

PARIS LETTER.

Many incidents of interest to the profession will be found in the following letter from a gentleman in Paris, to the Editor of an English periodical.

Paris, Feb. 9, 1831.

Sir,—I have procrastinated, I own, rather unreasonably, and that at a time when *materiel* of more than ordinary interest was at my command: but perhaps this very circumstance were the best excuse I could offer for my delay; one important event following another in quick succession, and something newer and still more important being always expected: at least this shall be the only excuse I shall occupy your time in offering. I will now proceed, without further apology, straightway to atone for my sins of omission.

The Concours, you are prepared to hear, is at present the great object of attention in Paris: the display opened on Monday afternoon (7th), and the scene of action, which was the large amphitheatre of the Ecole de Medecine, presented a most imposing aspect. At four the business of the court commenced. But I should first briefly notice what principally caught the eye of the observer on entering the place. There was the bust of Ambrose Paré, the first thing that attracted observation, which had not long ago been removed, but was now restored to its proper place, just above the President's chair. This part of the theatre was hung with scarlet cloth from the ceiling to the floor, and on each side were displayed the portraits of many of the old worthies who figured in the professorships of the Faculté. Opposite the chair, and on either side, were placed the benches on which the candidates sat. The judges though, I should mention, were seated with their backs to the vast assemblage of spectators. The whole appearance of the arena, in short, was imposing and solemn in the highest degree. As to the individuals who composed the Court of Examiners, perhaps a more able and justly celebrated set could not have been selected in all France: the names of the President, Deyeux, and the rest of the judges, Desgenettes, Orfila, Alibert, Cruveilhier, Adelon, Richerand, and Moreau, with those of Leroux and Andral, the two coadjutor-judges, or *suppléans*, are well known all over Europe. The candidates were six in number: MM. Legrand, Person, Donné, Guérard, Pelletan, and Norgeu; but M. Norgeu has since retired from the field. It was curious to observe the formalities with which the business commenced. M. Andral, as secretary, read the ordinances of the King, and the University regulations relating to the order of the course; those relating to the Concours for the chair of Physique Medicale, the present object of contention, in particular: then having called over the names of the candidates, he put into their hands a list of the judges, in order that they might protest against or challenge such of them as they might have any fair objection to. They were permitted to retire into an adjoining apartment for the purpose of deliberately considering the list: but they presently returned, and made no challenge. It was then the turn for the judges to retire; and their object in so doing was to fix upon the question for the written essays, the composition of which engaged the candidates during the next day, from ten till four o'clock. But thus ended the first day of the Concours—nothing positively done—all merely show and ceremony, or little else. I have now lying before me one of the papers issued by the Minister of Public Instruction, containing the official regulations of the Concours: I shall make a few short extracts from it, with your permission. After mentioning that the chairs, which are forthwith to be filled by duly-chosen professors, are those of *Physique Medicale*, *Pathologie Externe*, and Physiology, it simply states that the only qualifications required of candidates are that they be in the enjoyment of the common rights of citizens; that they be at least five-and-twenty years of age; and lastly, be doctors in medicine or surgery. The trials of skill, and other tests to which they must submit, are then set forth: these are — 1st, That the claims of each candidate to public respect and confidence be discussed by the judges assembled in full court; their works and services taken into account, and duly appreciated. 2d, That a printed dissertation be laid before the judges, in twenty days after the opening of the Concours; the subject to be on the general business of the chair contended for, with an account of the plan and method intended to be adopted by the candidate, should he succeed. 3d, That a written reply be given to a question drawn by lot, the question being the same for each candidate, with the same time for writing upon it; the composition then to be read publicly by each writer before his judges. 4th, That a lecture be delivered, after a day's preparation, upon some matter connected with the chair; the exact subject to be assigned to the lecturer by lot. And 5th, That another lecture be required after three hours' deliberation, on a subject, as before, determined by lot, and the same for each candidate, heard on the same day; the lecture to be an hour's length, and delivered without any notes.

You will perceive that they have begun, in the present instance, with the third of these five tests; the question proposed being, "To expound the theory of vapors formed in vacuo and in common air, and to point out its advantages with respect to practical application." The most remarkable circumstance connected with this question is, that it is a purely physical one, and that owing, as it is supposed, to the non-medical members of the institute, who form an influential portion of the jury. I cannot possibly conceive what rational objection can be made to the question; yet I understand it has given much dissatisfaction to most of the *savans* who take an active interest in the proceedings.

Last week we had another grand affair transacted in the same *locale;* I allude to the distribution of prizes in the Ecole de Medecine, an event about which the Faculté have been more than ordinarily solicitous this year. The regular business of the school was suspended for the day, the great amphitheatre was brilliantly decorated on the occasion, and the successful students were crowned in presence of the Dean, the Professors, a large number of physicians, and a thronged multitude of the pupils belonging to the institution. But what pleased me most was the eloquent and judicious address which M. Andral pronounced at the opening of the ceremony; and he seemed to inspire all his auditors with similar feelings of pleasure, for he was repeatedly and loudly cheered from the crowded benches. The speaker, after dwelling for a time on the advantages of an establishment which thus called together annually both the teachers of medicine and their pupils, and held out such cheering encouragement to the latter, in the way of filling them with a spirit of emulation and enthusiasm for study, took a short view of the history of the Faculté—praised the *Convention*, but branded the minister who took upon himself the audacious responsibility of destroying by an ordinance what had been properly regulated by law. He next pronounced an eulogium on the late M. Desormeaux, bestowed a brilliant eulogy on the *concours*, which, he said, was entirely due to that prince "whom the free choice of the people had placed on the throne —a prince who had been imbued to a certain extent in our own studies." He concluded by exhorting his auditors to prepare themselves for the bright prospect before them by pursuing their courses diligently, conscientiously,—*peaceably*.

Now, there was nothing in the manner of this little oration that many other men present could not have thrown perfectly into the shade, for M. Andral is strikingly deficient in all the outward graces, and more obvious qualities, which constitute an eminent speaker; but there was an unusual animation about him on the occasion, and his plain little figure, and unaffected utterance, being worked up into something like genuine impressiveness, the general effect which he produced was decidedly of the best sort, tending, as the marks of approbation with which his concluding advice was received evidently showed, most successfully to secure the peace and tranquillity of the medical students of the metropolis.

This brings me to say a few words on the late *affaires* of the Parisian pupils; and I believe I can do so now with far more confidence than I could have been lately justified in doing.

It is now put beyond a doubt, that what the authorities wanted most in the matter of these disturbances was decision; the calm which has ensued since the last decisive demonstration of the Academic Council cannot possibly be attributed to any other cause. The line of conduct, however, adopted by the council towards the students is worthy of special observation. In the first place the firmness displayed by M. Barthe led immediately to the explosion of the 22d of January, when the riotous scene at the Sorbonne was enacted; it was, indeed, a memorable scene; I shall not be likely soon to forget the proceedings which I that day witnessed—the vast crowd assembled opposite the place of meeting —the threats—the cries and vociferations furiously re-echoed from all quarters—the aggravation of the state of things on the appearance of M. Barthe, as he passed into the council-hall; all this was only to be surpassed by the actual violence of breaking into the building. And so they did. The rage of these deluded young men at length reached such a pitch, that they penetrated into the very hall of the sittings, and would have probably laid violent hands upon the members, but that they had just quitted the spot. The seats were upset, the tables overturned, and the registers flung out of the window. M. Barthe, accompanied by the Procureur-General, had the temerity to speak to the maniacal group, and to attempt to quiet them; but they were soon silenced—mud, eggs, stones, and every convenient missive within reach, were cast at them. The minister narrowly escaped to his carriage, the windows of which were shivered to atoms; and M. Persil was hurried away by one of his friends, after having been struck with a stone. But all this was only the crisis of the fever which had been for some time raging in the body corporate of the students; until this critical exacerbation had taken place, there was but little room for the salutary interposition of any healing measure. It had, however, now occurred; and no time was lost by the proper advisers to have recourse to the right remedy—a remedy rough indeed, but suited to the rough emergency in which it was to be employed. Examples were made of some of the ringleaders: three of the students were treated with signal rigor, and the rest were suffered to profit by what they observed. The explosion, however—the explosion, I must repeat, was everything: it acted like a charm upon the rioters; it was by the terror and panic produced by their own final act that they were effectually tranquillized. A complete revulsion was the consequence; and the following document, deposited the very next day in the bureau of the Faculté, was signed in the course of two hours with nearly 400 names:—"*Protest.* The pupils of the School of Medicine, having learned from the journals the scandalous scene which took place at the Sorbonne on Saturday last, and which is attributed to the students, hasten to protest against, and declare how much they disapprove, such disorders. Young men who have always shown themselves the friends of liberty and public order, are not capable of conduct so opposed to their principles." (The signatures.)

It would be trespassing too much upon your space to enter further into particulars relating to these student-riots: suffice it, that since the occurrence of the crisis just mentioned, nothing has taken place in the slightest degree to disturb the tranquillity of the schools. Murmurings, to be sure, are sometimes perceptible, but they are merely the indications of the subsiding storm.

I perceive from the public journals that Magendie's recent enrolment among the legitimates has created a considerable sensation. It is true that he has arrived at length at a distinguished footing in the Institute—has obtained a *service* in the Hôtel Dieu—and has succeeded Recamier in the chair of medicine in the College of France. *Venimus ad summum fortunæ*, as the old satirist has it. How or whether the public will be gainers by the elevation of M. Magendie is to me, and I know it is also to some of the most discerning judges, matter of considerable question. Facts and "old experience" are rather against the positive good of such elevations; and indeed laying aside all consideration of the politics of M. M., we shall yet be at a loss to determine on what our sanguine hopes of him should rest. I believe his qualifications for a chair in the Faculté can be readily summed up by saying, that he is undoubtedly an able physical experimentalist, but he is not a man of very extensive or varied information—he does not by any means possess an easy and elegant mode of expressing himself—and by those who know him best, he is generally allowed to be, as a professor, one of the *très-mediocres.*

Amusat, at a late meeting of the Academie des Sciences, read another paper on the torsion of arteries. Magendie and Boyer were the reporters pitched upon to give an account of it to the Academie: but old Boyer amused me a good deal by the warmth with which he declined having anything to do with the business. "My opinions," said he, "are well known with regard to M. Amusat's *discovery;* they are fixed and unalterable: have the goodness to accept my resignation of the duty of reporting on the subject." M. Adelon did not persist in the nomination, but without further delay appointed Baron Dupuytren. On turning to the Baron I could perceive that he was seriously annoyed by the arrangement. When will these petty bickerings, prejudices, and jealousies, among men of science, have an end? I have many curious things to tell you about the Academicians; but I fancy you will think I have covered paper enough in the present letter. I shall with that impression close it—only subscribing myself as ever, Yours faithfully,

ANGLAIS.

MEDICAL JOURNAL.

BOSTON, APRIL 26, 1831.

INTESTINAL WORMS.

THE mode of production of these singular inmates in the human system, seems to have been the subject of as much inquiry to physiologists, as the means of expelling them to the medical practitioner. The most generally received opinion at the present time doubtless is, that intestinal worms are generated from ova conveyed into the stomach or intestines, either in the air or the food, and there finding a proper nidus in which to be awakened into existence. To this view of the subject, however, there are serious objections. In the first place, these ova have not been demonstrated in a separate state either within the human body or without it. They have not been detected in the atmosphere; they have not been discovered in articles of food; nor have they been found in examining the human intestines after death. No form of matter, except the bodies of the entozoa themselves, has been proved to contain them. This fact, then, is prima facie evidence against their existence; since, in the terms of an ancient axiom, "de non apparentibus, saen existentibus, eadeon est ratio."

Again, it is not easy to conceive why these ova, if real, should not be hatched elsewhere than in the intestines, under the common influences of warmth and rest; or, even if something else is wanting, why that something may not sometimes be furnished in a different nidus than that afforded by the intestinal parietes. Some physiologists, apparently feeling the force of this objection, have urged, in reply to it, that many animals undergo metamorphoses which make it difficult to recognise them at the successive stages of existence. Such is confessedly the case with those of the insect tribe which assume a transitory or chrysalis state; and a similar remark has been made respecting the changes produced in the growth of the common frog. After all, however, these animals, when compared with the portion of the animated kingdom which is known, scarce form more than a few exceptions. Did any species or genera allied to the entozoa exhibit such changes, it would at once render the opinion more probable in regard to them, and furnish some analogy by which the naturalist might be guided in determining under what disguise to seek them. But, in truth, the explanation thus advanced does not meet the whole difficulty of the case. If the same animals which are found within the body, were capable of attaining maturity without it, their identity could not fail to be easily recognised, however numerous the changes pertaining to their history.

But there is another difficulty in admitting the existing theory in relation to this subject. How does it happen, it may be asked, that the usual varieties of intestinal worms are so few in number? Surely if the atmosphere were loaded with ova in the manner supposed, many others must find their way into the system, equally capable with these of receiving an animate existence. If it is still answered, that these alone find there an appropriate nidus, it will be necessary to admit that the circumstances which constitute this are common to the human system under great varieties of circumstances; for while individuals the most diverse in habits of life, constitution, and country, are thus affected, the varieties of the disease continue to be maintained within the same narrow limits. In other words, the peculiar morbid state of the stomach seems to be *everything* in its production, while the nature of the ova introduced is a circumstance altogether of secondary importance.

Opposed to the doctrine we have just been considering, is that which rejects the idea of the extraneous origin of entozoa, and regards them as the product of a spontaneous growth within the cavity in which they are found. The author of the most complete treatise we possess on the subject of worms, Charles Osmund Rudolphi, is a strong advocate for this mode of explaining their production. He considers the origin of worms in the same light as that of infusory animals, and both to be independent of any other source than the portions of matter which afford them an abode. The only condition necessary for the production of worms, according to this author, is, that a portion of the intestinal cavity should be in a diseased state, and therefore imperfectly assimilated, as he expresses it, to the remainder of the system. Any greater degree of disorganization than this, would, in his opinion, render the parts unfit for the propagation of worms, and adapt them for the production of a different order of beings. Rudolphi confidently asserts, that he has seen the heads of tæniæ without trunks, and scarce to be distinguished from the villous coat of the intestines, and has traced them from this incipient state through all their subsequent development to perfect maturity.

Against the view thus taken of this subject, may be urged all the arguments which go to disprove equivocal generation under any circumstances. To consider all these would lead us too much into details inconsistent with the design of these remarks. What is certain, however, is, that in a large proportion of the plants, and nearly all the animals, which exist, some structure can be discovered subservient to the continuance of their species—becoming, however, more obscure as the remaining structure of the plant or animal becomes less complicated.

On this observation, principally, are founded the following conclusions, which must be acknowledged at least to be sufficiently liberal for the premises. 1. That where the organs of reproduction cannot be discovered, as is the case with the crytogamous plants and some animals, these must be presumed from analogy to exist, but from their smallness or other causes to escape detection. 3. That animals or plants possessing these organs, are propagated by means of them, and in no other mode. 3. That where a plant or animal is found whose origin is not evident, however remote the location in the one case from any other plant of the same species, and however difficult of access, and unsuited to the deposition of an ovum in the other, the inference must in both cases be, that the hand of man or the operation of the elements must have conveyed the offspring of their respective parents to the places where they are found, and in which, by the aid of the requisite circumstances, they have both become instinct with the principle of animal or vegetable life. Hence the axiom of omne vivum ex ovo, which is generally admitted by physiologists in its application to both the departments of natural history.

We have said that these inferences were somewhat extensive for the premises assumed. It should be remembered, however, that the objections to spontaneous generation do not rest solely on its want of analogy with what we witness of the order of creation around us. There are considerations derived from the language of Scripture on this subject, which have induced wise and prudent men to be cautious in admitting a doctrine which would tend in any measure to unsettle religious faith. The remark has been made, though in a style perhaps not well suited to the dignity of the subject, that since man himself is but a worm, were the doctrine of spontaneous generation to be once admitted, the fables of the dragon's teeth and the stones of Deucaleon may be revived as subjects of serious consideration, and constitute the bases of the systems of future cosmogonists. Whether apprehensions of this sort be well founded or not, the feeling which prompts them is certainly to be respected; and until we venture to take that ground in our own science, which some geologists have done in theirs, and to discuss contested points without any bias from this source, the present question must be regarded as one which a paramount authority has already prejudged.

BRITISH NAVAL SURGEONS.

By a recent act of the British Admiralty, Naval Surgeons are excluded from the King's levees. This exemption has excited much commotion among the excitable and always excited Faculty of Great Britain, and given rise to scenes of riot which the popular press has not been backward in describing. It appears to us, from all the accounts we have seen of the business in the various medical and other papers, that this exclusion has arisen from a mistake which will be speedily rectified by the Government, unless the Faculty, by their conduct in the premises, shall render expedient the permanence of a measure which was adopted without due consideration of the full extent of its operation.

It appears that all "officers of the navy" have heretofore been admitted to the levees of his Majesty. Among these "officers" are the gunner, boatswain, carpenter, &c.; persons whose habits are not perfectly congenial with those of the king's courtiers, and whose presence on great occasions was a sore wound to John Bull's national pride. In order to remove this source of mortification, it was ordained that "warrant officers" of the navy should not be admitted to court. Now it so happens, that the surgical staff are not *commissioned*, but act under *warrants*, and of course they come within the reach of the above-mentioned ordinance. But as there is no apparent reason why these gentlemen should be thus disgraced, it will probably turn out, that this effect was overlooked, and that speedy measures will be taken to restore them to their ancient prerogative, and their professional brethren to their sober senses and a reasonable degree of peace and quietude.

PRIZE ESSAY ON CHOLERA MORBUS.

We stated, not long since, that the Russian Government had offered a premium for the best essay on the dreaded epidemic of that portion of the world. Here follows the *official notice*, by which it appears that if any subscriber to this Journal has been induced, by our former *unofficial* notice, to strike out any brilliant thoughts, or record any grave experience or experimental researches, in the hope of winning the 5000 dollars, he may now lay aside his hopes and his pen together, fold up his sheets, and send them forthwith for a place in our hebdomadary. Nor should he allow those hopes to be supplanted by any feelings of anger at the neglect, or pity for the ignorance of a Sovereign who has apparently slighted the American Faculty, in this exclusive call for professional aid. Little of much practical value could be expected from physicians, however learned, whose lives and investigations have been spent at so great a distance from the theatre of the ravages of this fatal pestilence. Let him rather think of the poor Frenchman, whose claims to the respect of the Autocrat have been so slighted, that not only is he not allowed to become a competitor for the prize, but his language even, the language of Desgenettes, of Magendie, and of Dupuytren, the court language of St. Petersburgh itself, is made sharer in the exclusion. The following is the "*official notice from the Russian Government.*"

The epidemic disorder known under this name, has of late years committed the most frightful havoc among various nations in Asia. Within the last fifteen months, this awful scourge of human life has made its appearance in several provinces of the Russian Empire with undiminished severity. No medical work hitherto published on this fatal malady has been found satisfactory, nor have the suggestions contained in such works succeeded in arresting its devastating course, which, on the contrary, becomes every day more extensive, and seems to threaten the whole of Europe.

Moved by a deep feeling of humanity, the Imperial Government of Russia deem it right to call the attention of the medical profession in Russia, Germany, Hungary, Italy, England, Sweden, and Denmark, to this vitally important subject, and to propose to them to forward to the said government, treatises on the cholera morbus, which shall embrace the following points:—

1st. A clear and detailed account of the nature of the disease.

2d. A statement of causes which give rise to it.

3d. A description of its mode of propagation.

4th. A demonstration, by the means of exact and faithful experiments, of its being communicable from one individual to another, if such be the fact.

5th. An indication of the measures to be adopted for self-preservation against its contagion, should the disease prove contagious.

6th. Of the means best calculated to insure a recovery.

Such Treatises or essays may be written in the Russian, Latin, German, English, or Italian languages, and directed to the "Conseil de Médecine" (Medical Board) at St. Petersburgh, until the 1—13th September, 1831. The name of the author is to be forwarded in a separate envelope.

The author of the best treatise, who shall have fully complied with all the above conditions, will be rewarded, by the Imperial Government of Russia, with a sum of twenty-five thousand roubles in bank paper, amounting to about eleven hundred pounds Sterling.

STETHOSCOPIC SIGNS OF PREGNANCY.

In another part of this number, we have referred to this mode of diagnosis, and the subject will be still further illustrated by the following notice of the experiments of Dr. Ferguson, of Dublin, for which we are indebted to the N. A. Med. Journal of the present month.

Dr. Ferguson has published an account of his success in detecting pregnancy by means of the stethoscope. He says he has never in a single instance been mistaken: and in one instance only of undoubted pregnancy, was unable to detect the stethoscopic signs. Two distinct sounds may be detected; one arising from the pulsations of the fœtal heart, the second from the placenta, which Dr. F. refers to the passage of blood in the arteries connecting the placenta to the uterus. The placentary noise may generally be found in one of the iliac regions, and in the same subject is always found in the same place. It may be mistaken for the pulsations of the iliac arteries, but this last will be heard perhaps in all cases on both sides, and can only be perceived in the groin, while the noise produced by the placenta is heard over some space, perhaps three or four inches square. The fœtal heart may often be heard in every region of the abdomen. Although it and the placenta are sometimes heard on the same side, and even in the same spot, yet usually they are on opposite sides; the fœtal heart is generally perceived in one of the iliac regions; but, unlike the placenta, it is not always heard in the same place, in the same individual—but it does not vary much from the point where first heard. Its double beat is well marked; and the frequency of its pulsations is, says Dr. F., always much greater, often double that of the mother's.

In the Dublin Hospital Reports, this subject is also treated of by Mr. Kennedy, who agrees with Dr. Ferguson, that the placental thrill is owing to the transmission of blood from the arteries of the mother to the placenta. He appears, however, to consider this thrill as important in detecting pregnancy in its early stages, before quickening, and before the pulsation of the heart can be recognised. He has noticed the placental thrill as early as the 10th week, and hence, in many cases, this diagnostic mark of pregnancy becomes extremely valuable,—cases to which particular reference is unnecessary.

Professional.—There are, in the State of New York, five thousand five hundred and ninety-one professional persons—viz., 1742 practising attorneys; 1300 clergymen; 2549 physicians.

Davy's Passion for Angling, illustrating the Peculiarities both of his Mind and his Attire.—Hitherto his passion for angling has only been noticed in connexion with his conversation and letters; I shall now present to the reader a sketch of the philosopher in his fishing costume. His whole suit consisted of green cloth; the coat having sundry pockets for holding the necessary tackle: his boots were made of caoutchouc, and, for the convenience of wading through the water, reached above the knees. His hat, originally intended for a coal-heaver, had been purchased from the manufacturer in its raw state, and dyed green by some pigment of his own composition; it was, moreover, studded with every variety of artificial fly which he could require for his diversion. Thus equipped, he thought, from the color of his dress, that he was more likely to elude the observation of the fish. He looked not like an inhabitant o' the earth, and yet was on't;—nor can I find any object in the regions of invention with which I could justly compare him, except perhaps with one of those grotesque personages who, in the Farce of the Critic, attend Father Thames on the stage, as his two banks.

I shall take this opportunity of stating, that his shooting attire was equally whimsical: if, as an angler, he adopted a dress for concealing his person, as a sportsman in woods and plantations it was his object to devise means for exposing it; for he always entertained a singular dread lest he might be accidentally shot upon these occasions. When upon a visit to Mr. Dillwyn, of Swansea, he accompanied his friend on a shooting excursion, in a broad-brimmed hat, the whole of which, with the exception of the brim, was covered with scarlet cloth.

Notwithstanding, however, the refinements which he displayed in his dress, and the scrupulous attention with which he observed all the minute details of the art; if the truth must be told, he was not more successful than his brother anglers.

THE remarks of ANATOMICUS are altogether too pointed and vulgar for insertion. This work is designed for the promotion of medical knowledge, and not for the gratification of personal animosities.

Whole number of deaths in Boston the week ending April 15th, 23. Males, 9—Females, 14. Stillborn, 1.

Of consumption, 4—brain fever, 1—fever, 1—chronic catarrh, 1—liver complaint, 1—inflammation on lungs, 1—inflammation on brain, 1—croup, 3—dropsy, 1—bleeding, 1—unknown, 1—hooping cough, 1—suicide, 1—smallpox, 1—old age, 1—debility, 1—infantile, 1.

THE BOSTON MEDICAL AND SURGICAL JOURNAL
IS PRINTED AND PUBLISHED EVERY TUESDAY, BY
CLAPP & HULL,
At 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, POST PAID. Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for a newspaper.

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, MAY 3, 1831. [NO. 12.

I.

OBSERVATIONS ON A NEW VARIETY OF PERUVIAN BARK—WITH SOME REMARKS ON THE ALKALINE BASES QUINIA AND CINCHONIA.

By George W. Carpenter, of Philadelphia.

Peruvian bark is admitted to be one of the most valuable articles of the materia medica, and there is none in its catalogue which embraces so great a number of species, and in which there is so great a disparity in the medical qualities of each variety. Under these circumstances, it is peculiarly unfortunate, that the natural history and classification of Cinchona should be so enveloped in ambiguity, the nomenclature of the different species so very defective, and the various writers so discordant in their opinions, as to lead the student through a protracted, and too often fruitless investigation. The attention of our pharmacologists should be particularly directed to the article Cinchona, for the purpose of determining and agreeing upon a specific classification of those species which now occur in commerce, and to establish a nomenclature for them, by which each species and variety could be readily particularized, and at once understood by its name, which is at present impossible. In a preceding volume of this Journal, I called the attention of the faculty to this subject, and described the several species of Peruvian bark, which then occurred in commerce, and made the description as accurately as possible from specimens before me. I then suggested as the most appropriate nomenclature, the names of the provinces of South America, from which the different species are collected, as Calisaya, Loxa, &c.,—appellations which have been so generally adopted, as to be the most familiar in the language of commerce. The terms Calisaya, Loxa and Carthagena, convey at once the idea of the particular kind of bark, and are perfectly understood, while the terms Lancifolia and Cordifolia, would involve an ambiguity as to what kind of bark was intended, inasmuch as several varieties of different qualities could come under the same term, and it would be impossible to understand which was intended; for example, the Calisaya and the Carthagena (the former the most superior, and the latter the most inferior species in commerce), being both yellow bark, would come under the denomination of cordifolia; hence, if cordifolia was ordered, it would be difficult to determine whether the Carthagena or Calisaya was intended, or some intermediate quality.

There has appeared, since my description of Peruvian bark in this

Journal, a species of Cinchona hitherto not observed in our market, and unnoticed by any of the writers on the subject.

Having devoted considerable attention to this valuable article of the materia medica, it is my purpose to furnish, from time to time, as in the present communication, descriptions of any species of Peruvian bark which may be added to those already in commerce, and which has not previously been noticed or understood. This bark, which has been denominated Maracaibo, has been imported in large quantities, and the importation is likely to be continued, so that we may calculate upon a regular supply of this bark. It comes from Maracaibo in bales containing generally from seventy to one hundred pounds; hence the name, above adopted, pursuing the arrangement of nomenclature from the locality, as observed in my former paper. This bark is much superior to the Carthagena or common bark as it is generally met with. It produces more than double the amount of saline matter, composed of cinchonine and quinine, and also a larger quantity of extractive matter than the latter; it is therefore, at least, of more than double the value. As this bark can be purchased at the same price, it will become an object in commerce, and it will be advantageous for the practitioner to be acquainted with its distinguishing characters, by which he could discriminate and recognise it among the different species and varieties of common bark.

It occurs in flat pieces which are short and broken, as if it were separated from the tree with difficulty, being mostly in pieces from one to three inches in length, and half to one inch broad, and rather thinner than Carthagena bark. There are occasionally found small quills, the longitudinal edges folding together, forming tubes from one fourth to half an inch in diameter. It is of a deep yellow color; the epidermis, which is extremely thin, smooth, and of a light grey color, is generally removed from the bark. It may be distinguished from the Carthagena bark by being more compact, and breaking with a short and cleaner fracture, and more particularly by its taste, which is much more bitter; it is quite as strong a bitter as the Loxa bark, but has not the astringency of the latter. The internal layer is fibrous, but in a less degree than the Carthagena. This bark has appeared in our market only within a year or two, and as it will supply the place of a much inferior article, it is of high importance to the profession.

The quality of bark depends, no doubt, on the proportion of quinine and cinchonine which they respectively contain. The separation of these alkalies, therefore, affords a very valuable test to discover the qualities of different species of bark. Different barks, however, produce with acids different proportions of these two salts. Thus we find the Calisaya produces most quinine, the Loxa most cinchonine, and the red or oblongifolia yields both these salts in nearly equal proportions. What is their comparative value, is yet a subject of controversy: a considerable majority of practitioners, however, are in favor of the quinine, perhaps because most of them have not had an opportunity of employing the *cinchonine*. Dr. Paris goes so far as to state that cinchonine is only one fifth as active as quinine: others contend for the reverse. An interesting paper, read before the Academy of Medicine at Paris, was published in the Bulletin des Sciences Medicales for November, 1825, in which M. Bally states that he has experimented upon the sulphate of cinchonine, with a view to determine its febrifuge qualities. He administered this sulphate in twenty-seven cases of intermittent fevers of different types, in doses of two grain pills, giving three or four in the interval of paroxysms, by which treatment he cured the disease as effectually, and as speedily, as with the quinine : of which twenty-seven cases, there were sixteen tertian, nine quotidian, and two quartan. He remarked further, that the cinchonine has properties less irritating than those of quinine, and that consequently its employment should be more general, and preferred in all simple cases. I believe few or no experiments have been made by the physicians of this country upon the medical properties of the cinchonine, and it must consequently be very little known to them from their own experience. It is most certainly a medicine which deserves, at least, a trial.

The sulphate of quinine, as generally termed, is not a perfectly neutral salt, being in the state of a sub-sulphate, and is only partly soluble in water. Its exhibition in this fluid is rendered much more eligible, by the addition of a drop of sulphuric acid to each grain of the salt, which makes a perfectly transparent solution, and which I think, from its obvious advantages, must entirely supersede the common formula of gum and sugar : a few grains of citric or tartaric acid will have the same effect as the sulphuric acid, in dissolving the quinine, and these acids have been preferred by some. Dr. Paris states that he lately saw a prescription in which the salt was directed to be rubbed with a few grains of cream of tartar, and then to be dissolved in mint water. This, he continues, is obviously injudicious, since tartaric acid decomposes the sulphate and occasions an insoluble tartrate, which is precipitated. With deference to Dr. Paris, I would beg leave to differ, on the following grounds. The cream of tartar is objectionable, merely from the circumstance that the active part of the compound may be obtained in a more direct and speedy process by the tartaric acid. The combination of cream of tartar and sulphate of quinine, in the above prescription, does produce decomposition, as Dr. Paris has observed, but the virtue of the medicine is not in the least affected by it, and the precipitate, instead of being an insoluble tartrate of quinine, as he observes, is sulphate of potassa: tartrate of quinine is a very soluble salt, and is held in solution, while the water becomes slightly turbid, by the precipitation of sulphate of potassa, which, however, from its extremely minute division, is speedily taken up by the water, when you have a transparent solution of tartrate of quinine and sulphate of potassa, and as the latter answers neither a good nor a bad purpose, it of course can very conveniently be dispensed with ; and therefore, as before stated, the tartaric acid should be preferred, as having a more direct and speedy action.

The high price which the sulphate of quinine has always commanded, and the increasing demand which its reputation has constantly kept up, has been an inducement to fraud ; and it is much to be regretted that this valuable article of our materia medica, like others of an expensive kind, has been mixed with foreign substances of inert character, for the base consideration of reducing the cost and enhancing the profit on its sale, and all this at the expense of the health of the suffering patient, to the disappointment of the practitioner, and not unfrequently to the injury of the reputation of the genuine medicine. It is of high importance, therefore, to be acquainted with the most efficient means of testing its character, where we have any doubt of its purity. The following are the distinctive characters and properties of the sulphate of quinine, and the most simple and effectual method of discovering fraud or adulteration in its composition.*

1. The sulphate of quinine must be soluble, at a moderate heat, in rectified alcohol; if it contains sulphate of lime, soda, potassa, or any other substance insoluble in alcohol, the adulteration will easily be detected.

2. It is soluble in acidulated water, say one drachm of sulphuric acid to an ounce of water, which will readily dissolve the quinine. By this means, if there is any stearine or margaric acid (substances prepared expressly for adulterating the article), they will float on the surface.

3. It should give, by sal ammoniac, a white precipitate, rather flaky, which is soluble in alcohol, and which, on being exposed to a gentle heat, will consume without leaving the least residuum.

4. After having dissolved it in acidulated water, it can be decomposed by a little sal ammoniac; it must then be filtered and evaporated. If sugar has been introduced into it, it will be easily detected by the taste or by fire, which will produce its peculiar odor.

5. If a white substance, insoluble in cold water, be found in the sulphate of quinine, heat the mixture to 170 deg. Fahr. This will render the starch soluble, and its presence may be determined by the addition of an aqueous solution of iodine, which will immediately occasion a blue color, and eventually a blue precipitate. The iodine must be added in very small quantities and very slowly, or the experiment will fail.*—*Amer. Journ. of Science and Arts.*

II.

ON THE SEAT OF THE SWELLINGS WHICH, IN THE LATTER STAGES OF FEVER, ARE USUALLY ATTRIBUTED TO INFLAMMATION OF THE PAROTID OR SUBMAXILLARY GLANDS.

Abstract of a Clinical Lecture lately delivered by Dr. Graves.

EVERY writer on the subject of fever has noticed the occurrence, in the last stages of that disease, of tumors which not unfrequently suppurate, and which all have considered as the consequence of inflammation in the glandular system; the parotid and submaxillary glands being the parts most frequently engaged. Four such cases have lately presented themselves to our observation—two with a favorable, two with a fatal result. The latter afforded us an opportunity of examining the nature and seat of this affection, with the view of determining the correctness of the opinion generally entertained concerning these points.

---

* See observations, communicated by Dr. Faust, on the adulteration of quinine, bark, &c., Vol. XVIII., pp. 81, 84, of same Journal.—ED.

* Specimens of all the species of Peruvian bark which now occur in commerce, neatly put up in bottles, with a full description of each and a treatise on Cinchona, can be had, for five dollars, at Geo. W. Carpenter's Chemical Warehouse, Philadelphia

According to the best authors, the parotid and submaxillary glands, towards the termination of fever, are liable to become painful, tender, and very considerably enlarged ; and the tumor so formed is either a fatal symptom, or else, becoming the seat of a benign suppuration, proves salutary, or even critical. When of the former unfavorable character, they are said sometimes to attain to a considerable size in a very short space of time, and also to be liable to a disappearance equally rapid.

In our first case, the sudden appearance of the tumor was very remarkable ; for, in the course of a few hours, two swellings had been formed, in their situation and general appearance resembling mumps of the largest size. They were so extremely tender that the patient screamed on their being touched even in the gentlest manner, and they were unattended by any cutaneous redness. Without producing any alleviation of the cerebral affection that constituted the predominant symptom of this poor man's fever, these swellings somewhat subsided before his death, which happened on the following day. Much curiosity was excited among the pupils, with regard to the nature of this local affection, and by many it was considered as arising from a sudden inflammation and tumefaction of both parotids ; so exactly did the tumors, in extent and situation, resemble the mumps. Their hardness, it is true, was not so great as that usually observed in the latter disease, but this circumstance alone could not be relied on as a distinction. On examination, the parotids were found raised up by the tumors, but were not enlarged or otherwise altered in structure, except that their interstitial cellular tissue was, as it were, bathed in a reddish serous fluid, evidently the result of a violent inflammation of a peculiar character and short duration. The swellings were owing to the effusion of a similar fluid, which abounded most in the subcutaneous cellular membrane, while, in that which pervades the substance of the muscles, not only in the superficial, but in those more deeply seated, it was observed in lesser quantity. The intermuscular spaces were also occupied by this fluid in considerable abundance.

It may, perhaps, be said that these swellings were essentially different in their nature from the suppurating tumors observed in fever ; but their identity is proved by the case of a young man named Connor, in whom swellings, in all respects precisely similar, arose six days previously to his death. The longer duration of the inflammatory process, of course, produced an alteration of structure somewhat different, but still evidently only an advanced stage of that just described, while it was also as evidently of the class of suppurating tumors. It is worthy of remark, that in Connor's case, the tumor on the right side, on the fourth day of its appearance, occupied exactly the same situation that is observed in the mumps, and had likewise the same degree of hardness ; while that on the left side, which was only of two days standing at that period, was situated lower down, and was much less firm. These swellings subsided a good deal, a few hours before his death. The cellular tissue in the parts before enumerated, was not infiltrated merely with bloody serum, as in the other tumors, but this serum was everywhere mixed with pus, and the cellular tissue itself had become dense and friable, and was of a reddish, or rather a flesh color. The parotid and submaxillary glands shared in this affection of the cellular tissue, and consequently contributed their proportion to the formation of the tumors; but they by no means constituted the whole of the swellings, or indeed anything like the greater portion of them.

A few days after Connor had been attacked, a similar swelling arose in a boy, named Byrne, who lay in the bed next to Connor; but it was confined to one side, and it occupied a position corresponding to the parotid, where it was most swollen: but in its less tumefied parts, it extended both further downwards and backwards. This tumor suppurated, and formed an abscess, which was apparently much more superficial than the great mass of the swelling, and unconnected with it; for when it was opened, and its contents were discharged, the hardness and swelling in the region of the parotid seemed undiminished. The abscess, however, continuing to discharge matter, this swelling gradually declined, and finally disappeared.

At this very time, a woman in the Fever wards was attacked with a similar swelling, but which was evidently neither in the situation of the parotid or submaxillary gland: it was confined to the subcutaneous tissue immediately below the ear, and was prevented from suppurating by the application of leeches.

The facts just stated are, I think, conclusive, in proving that the tumors hitherto supposed to arise from inflammation of the parotid or submaxillary glands, and which in fever sometimes forebode death, and are sometimes the precursors of returning health, are not owing to an affection confined in its action to these glands; but, on the contrary, the inflammation and its consequent tumefaction are seated in the cellular membrane of all the neighboring parts: so that the bulk of the tumor is sometimes altogether, and generally, for the greatest part, made up independently of disease of these glands. It would be rash to extend this conclusion to the mumps, cynanche parotidea—but I may be permitted to remark that I am far from being satisfied that the structure of the tumors so called has not been assumed without sufficient grounds. Indeed, this disease so rarely, if ever, proves fatal while the swellings persist, that I do not know of any post-mortem examination of the tumors of mumps on record. Our only guide, therefore, is analogy; and when we recollect that our swellings agree with mumps, not only in general appearance and situation, but also in the sudden manner in which they arise, and, according to the testimony of authors, in the sudden manner in which they occasionally disappear; when we recollect, also, that, like mumps, they showed a decided tendency to be epidemic,—we cannot avoid conceding that the points of resemblance are strong: the more so, that in both diseases the sudden disappearance of the tumor is always dangerous. The sympathetic inflammation of the mammæ in females, and of the testes in men, which not very unfrequently follows retrocession of the tumors in cynanche parotidea, may be objected to this analogy, and may be considered as proving the glandular nature of the swelling in mumps. On the other hand, we know of no other glands which are liable to become, in consequence of inflammation, so enormously enlarged in the cousse of a few hours, as the parotids (if that disease really depend on an affection of these glands alone); and, indeed, it may be observed, that acute inflammation seems, in all other glands, incapable of causing a degree of swelling at all comparable to that observed in mumps. The swelling, too, in other glands, is better defined and more circumscribed, and scarcely liable to the sudden retrocessions observed so frequently in cynanche parotidea. It is a singular fact, that the salivary secretion is not notably altered in mumps, and yet were this disease dependent on inflammation of the parotids, a suppression, or at least some alteration, in the quantity or quality of that secretion, might be expected. Such are the ideas which have at the moment occurred to me concerning the pathology of these affections—ideas which I ventured to bring forward merely with a view of exciting further inquiry on the subject.

III.

OF THE UVA URSI IN NEPHRITIC CASES, &C.

For the Boston Medical and Surgical Journal.

MEDICAL practitioners seem to agree, that the Uva Ursi (which Linnæus makes a *Species* under his *Genus* Arbutus) abates the pains and shortens the fits of nephritic and calculous attacks; notwithstanding the best opinions are, that it has no power whatever as a *solvent* either of stone or gravel. Hence doubts* have arisen how this fact can be explained; and the solution of this question seems connected with practice.

A short conjecture, therefore, shall be offered on this subject; namely, that the benefit arises from a power in the uva ursi to remove morbid action in the urinary organs; and that a healthy condition in these organs prevents the *aggravations* which might otherwise attend diseases belonging to the urinary system. Several *parallel cases* may be supposed to occur in medical practice. For example: an ophthalmia may be much relieved by the removal of particles of dirt accidentally lodged within the eyelids; and the member to which the prepuce is attached, may in like manner profit, if the prepuce be cleansed from foul matter collected underneath it. Perhaps it may strengthen our conjecture, if we add to it another *hypothesis*, founded on the conceived utility of *astringents* in the cases in question. The Swedes and Russians are said to use the uva ursi largely in tanning; which proves this article to contain much of the *tannin principle;* and if an affinity is thus found to exist in the uva ursi as to certain *dead* animal matter, the same affinity may be held to exist as to certain *living* animal matter; so as to yield to the patient the virtues of a very powerful astringent, supposing astringents to be useful in these cases.

This, it is true, is all conjecture and hypothesis, but it is at least not of an unnatural description. It also agrees with the fact of the reduction of the *pulse*, which *finally* occurs after taking the uva ursi;

---

* See the N. B. at the end, as to these *doubts*.

besides receiving some confirmation from the details of the following *case*, which has recently occurred, and which, in truth, has led the writer of this article to the present discussion.

An elderly person, occasionally attacked with gout, observed his urine to become suddenly and largely mixed with blood, and yet he experienced no pain whatever on the occasion, nor did he feel any while passing the urine; but when the stream issued along the urethra, it was stopped for a time, in each instance, by *large* clots of blood. The patient (who in general had good health, and had suffered nothing from strains or other violence) thought this not improbably owing to a gouty affection; and suffered it to proceed without much attempt to check it, during two whole days; notwithstanding the forebodings of some medical writers. The delay seemed to have its hazard lessened, as (from the absence of all local symptoms elsewhere) he judged that the discharge of the blood proceeded from vessels seated in the *bladder*. He employed, therefore, merely rest and abstinence for the moment, with an open body; and refrained from cordial liquors; using for a part of his drink, barley water in which gum arabic was dissolved. He had his views, nevertheless, constantly fixed on uva ursi, digitalis, *astringents*, and such other measures as the case might demand. After about forty-eight hours, however, he began to take moderately of the uva ursi, prepared by boiling half an ounce of the powdered leaves, for ten minutes, in a pint of water; each dose amounting *nearly* to a very small wineglassful. The result was, that in two or three days the urine became free from fresh blood; and nothing seemed left behind but *small* clots of blood, with a little *fine gravel*, which again went off in about two days; the uva ursi being still, for a little time, continued.

Two or three days after this supposed cure, and after leaving off the uva ursi, the urine became what some have called *muco-purulent*. Upon a fresh resort, however, to the uva ursi, the urine became once more bright, and gravel was no longer to be seen in it.

As *diet* may be suspected to have had some concern here, we shall state the following particulars regarding the diet; what is not mentioned on this point having been conducted on principles of old established habits.—The patient, on the occurrence of slight *gouty* symptoms, had left off mild barreled cider (which he had been using with great moderation), and substituted weak brandy and water, for a part of his dinner beverage. But his urine becoming paler and rather more in quantity than usual, he returned to his cider. His urine in a few days becoming bloody, the cider was omitted, and, after this symptom abated, was replaced by a little "*stout*" beer, manufactured in London, which, though it seemed sound, abounded in loose *mephitic* air. This was drank during two days, and suddenly, during two days, the *muco-purulent* appearance in the urine occurred. On giving up the beer, and returning to the uva ursi, the urine soon again became clear. After drinking weak brandy and water, and weak wine and water, by turns, the use of beer and of cider has once more been introduced into the diet, as occasion served, in small quantities, without inconvenience. From this statement, we may suspect that the bloody urine occurred from *incidental* causes, disconnected with diet; and that the muco-purulent appearance in the urine was solely owing to *pus* produced during the healing of ruptured bloodvessels, with which *mucus* mixed itself. Be this as it may, the uva ursi appears not to have been misplaced in either stage of the business; and the probable benefit of it will be farther confirmed by an important remark to be made hereafter.

But a new circumstance is now to be noticed. Dr. Thomas, in his Modern Practice of Physic (as edited in this country by Dr. Hosack), informs us, that "a case of *hæmaturia* is recorded (in the 8th Vol. of Medical Facts and Observations), which had resisted repeated bleedings and warm bathing, salivation, emetics of different kinds, camphor and opium in large doses, *uva ursi*, *mephitic* alkaline water, &c.; which was *quickly* and *effectually* removed by giving the patient a pint a day of decoction of *peach-leaves*. The decoction was made by boiling an ounce of dried leaves of the peach tree (amygdala Persica Linn.) in a quart of water, till it was reduced to a pint and a half." So far Dr. Thomas.—The patient, in the case above related, on this hint, joined about thirty drops of excellently *distilled* peach-water to his uva ursi, and thought he found the addition useful, but certainly not injurious.

We shall now conclude with some brief remarks.

1st. It seems improper to employ either uva ursi, or the peach leaf, beyond necessity; as it is not every medicine which can be made either habitual in the human system, or prophylactic. In the case of the gouty patient above detailed, no opium was requisite to allay either pain or irritability, or to procure sleep; and it may be questioned, therefore, when opium has been given with the uva ursi, whether the opium was not called for by too liberal an employment of the uva ursi. And this leads to the following rule; namely, never to use the uva ursi except when wanted; but, when wanted, to adopt it fearlessly, as being possibly the only resource offering. A similar remark may be made as to the peach leaf; particularly as it is an article so acceptable to some, as to encourage them in taking more profuse and frequent doses of it than may be prudent.—2d. We ought, in every event, to employ the uva ursi while any clots of blood or particles of gravel remain to be removed; since these (as appeared with our gouty patient) seem readily got rid of under the use of the uva ursi. Were this use of it neglected, it might here happen (as in the case of *other* foreign bodies accidentally lodged in the bladder) that a coat of calculous matter might soon *surround* these substances with a small but regular mass of *stone*, which time might increase; and as the uva ursi *cannot be depended upon for dissolving* stone, this might produce serious evil. In this remark it is, that we find our encouragement for using the uva ursi, while anything improper remains in the bladder, which the uva ursi can seem likely to contribute to expel.—3d. Though we have supposed above, that the uva ursi only prevents an *aggravation* of symptoms, yet it may be queried whether a disordered state of the urinary organs may not sometimes *of itself* provoke nephritic or calculous attacks; and thus introduce these as *primary* affections.—We may now, lastly, pass on to the following observation, but merely as a subject demanding farther inquiry. Some appear to have conceived that gout and calculous complaints have a species of relation to each other; not, indeed, a relation of *sympathies*, but a sort of *watchfulness over each other*, in order that both should not appear at the same time in the system. And this, indeed, is in some degree implied in the case of Dr. Barton, of Philadelphia, who is said to have had nephritic symptoms *alternating* with gout in his feet.—This is a hint which it may be useful sometimes to bear in mind; and it is repeated, that as such only it is offered.

On the whole, we may conclude, as to the uva ursi, that it is an important, if not an unrivaled resource in the hands of medical practitioners, in nephritic and calculous cases; as it is apparently, also, for keeping the urinary organs in a healthy condition: and if either, and still more if both, these positions be true, we must admit that its uses may be very essential, in certain cases, to the *whole human system*. With regard to peach leaves, we must wait the result of farther experience. *

N. B.—Whoever wishes to read a short statement of the *controversy* respecting the mode in which the uva ursi is supposed to act, in the cases referred to in the above observations, as also the authority for opium being occasionally added to the uva ursi, may consult Professor Bigelow's very instructive work on American Medical Botany. (See Article *Arbutus Uva Ursi*, Vol. 1, part 1, p. 66.)

MEDICAL JOURNAL.

BOSTON, MAY 3, 1831.

The attention of subscribers is respectfully requested to the notice of the Publishers on the last page of this number. As the gentlemen who have undertaken the publication of this work are anxious to consult the convenience of its patrons and of the profession at large, we hope the Faculty will not be slow in expressing their wants, or in rewarding the generous efforts which are made to gratify them.

PRODUCTION OF WORMS.

In view of the opposing difficulties presented by the doctrines we have mentioned, the author of a late article in a foreign periodical takes a middle course, and advances a view of this subject which at least appears to possess the somewhat rare merit of being *something new*. He regards the production of intestinal worms as independent of extrinsic causes, but as dependent on the vital energy belonging to the part in which they are found. Varying and limiting the axiom above alluded to, he takes as his principle "omne vivum a vivo;" and considers these ungrateful tenants as the result of the same morbid vitality which produces the various and frightful forms of internal and external tumors—which feeds the fatal fungus, and nourishes the corroding cancer. Life is therefore generated and sustained in the stomach, because the stomach is a vital part; nor is it more extraordinary that it should be so, than that the uterus, having received into its cavity the germ of a future being, should contribute of its own circulation to supply its vessels, and of its own vigor to maintain its expanding energies.

That we may not be accused of injustice to this theory, we will state it in the author's own words:—"It is not maintained that entozoa are produced from the fluids found in the intestinal tube or in the tissue of organs; but that their germs are formed by some aberration of nutrition, in a manner similar to that in which other new formations originate, and that this germ becomes endowed with an independent vitality, and is evolved into a worm."

Pleasing as this theory appears on a first view, and supported as it is, by its author, with much variety and beauty of illustration, it will, we fear, be found, on examination, to be but little more than a new statement of that doctrine of equivocal generation, which it appears to have been a leading object of the writer to condemn. In truth, the analogy which he finds between the growth of entozoa and the production of the various excrescences alluded to, does not in reality exist. In the first place, all these latter proceed by the addition of matter more or less similar to that of which the part which forms the seat of disease previously consisted; the changes which take place are gradual, and never constitute so wide a difference as that which is found between the animals in question and the place of their habitation. Secondly, these parts, though in some sense possessing life, possess, of course, no independent existence, and cannot be supposed to communicate that animal life, of which, in fact, they are themselves destitute. The case of the uterus, which confessedly presents some analogy in this respect, is so widely different in others, as hardly to afford more than a mere illustration of the idea proposed. In this case, the organ is expressly constituted for the purpose of reproduction. An ovum is actually conveyed; and the product follows, with some unimportant varieties, a uniform type. Thirdly, the connection between the stomach and the entozoa, is not that of a common circulation. Fourthly, the production of worms cannot, with any propriety, be regarded as an effect of vital energy similar to that which produces tumors in other parts. If this principle were a correct one, we should find entozoa growing in similar situations, and even accompanying the development of these tumors. So far as we are able to judge from other circumstances, the vital energy of the stomach in which these animals are found, is always less than that of the organ in its healthy state. To conclude, therefore, from the phænomena presented us in the growth of these animals, that their vitality is in any proper sense derived from that of the system, seems an inference wholly unauthorized by facts. That the secretions of the intestinal canal, under certain diseased states, form the principal, if not the only nidus in which these ova can come to maturity, is beyond dispute; but from what source these rudiments are themselves derived, is a question to which time and the labors of future physiologists have yet to render a satisfactory answer.

PERIODICAL CHARACTER OF DISEASE.

The tendency of certain forms of disease to recur at fixed periods, appears to have been among the earliest observations made in medicine, and it is one which the experience of all later times has served to confirm. The various types of intermittent fever were well known to Hippocrates, who recognises the tertian and quartan ague, and points out the critical days in continued fever, with an accuracy which modern observation has not been able to surpass. The phenomena which take place in health, are, many of them, such as to indicate a similar tendency. To this may be referred the physical effects of what is usually termed the power of habit. The wants we are accustomed to indulge at certain times, will, at those times, also become the most urgent. Certain evacuations have naturally a periodical recurrence; and others may be made to adopt it by very simple means. Nor are the morbid processes which are subject to this law, such alone as are of a febrile character. Many diseases of the nervous class, such as hysteria, epilepsia, and others, affect regular periods of return, and often recur with remarkable regularity.

This periodicity in disease, if it may be so called, has been supposed to be, for the most part, limited to affections in which functional derangement alone occurred, and not to extend to those essentially accompanied with change of structure. Both experience and reasoning, indeed, seem to lead to this conclusion. On the one hand, it seems easier to account for these sudden transitions from disturbance and suffering to health and ease, on the supposition that some of the functions alone are disturbed, and again recur to their usual state. On the other hand, this peculiarity has been found to attach principally to fever, which, by former pathologists, at least, was limited to a derangement of the functions, and was not, until lately, regarded as a structural disease.

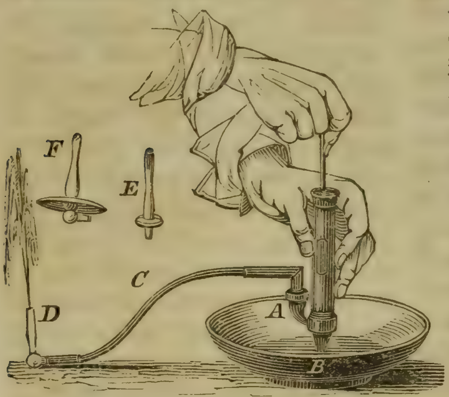
Within a few years, however, a considerable change of opinion on this point has been brought about by the popular doctrine of Broussais. This doctrine, as is well known, regards fever in the light of an inflammatory affection of the stomach, a true gastro-enteritis. Whatever may be thought of the correctness of this view, it is certain that it numbers among its partisans not a few of the practitioners both of Europe and this country. One of the effects of its prevalence has been, to direct the attention of observers to a class of diseases hitherto regarded as scarce more than anomalies, but now found to be of frequent occurrence—namely, periodical inflammations. That such affections actually exist, is a fact as well attested as it is curious. In truth, they occur in organs which, being exposed to direct observation, leave no room for error on this point. We have had very recently described to us, a case of ophthalmia recurring daily in paroxysms of from two to three hours, during which time the conjunctiva presented every mark of severe inflammation. The case was treated with sulphate of quinine given in the intervals, under which the daily appearance of the paroxysm was delayed, and the disease disappeared within a few days. We have now before us the account of a case of intermittent diarrhœa, which the author, M. Gaultier de Claubry, a true disciple of Broussais, terms a *fievre intermittente pernicieuse diarrhéique*, and which was cured in the same manner. M. de Claubry advances the idea, that in cases of this kind, the lesion or structural derangement does not entirely cease with the more obvious symptoms, but continues through the intermission, and, being augmented at each paroxysm, will at length convert the general disease into continued fever, and the local affection into permanent inflammation. Under these circumstances, if the part affected be an important one, the disease must, if left to itself, tend to a fatal termination. However this may be, we cannot but regard the subject of intermittent affections generally, and especially of those accompanied with these changes, as among the most curious and interesting topics within the domain of pathology.

AN IMPROVED AND HIGHLY USEFUL DOMESTIC INSTRUMENT.

The French people are remarkable for the vigor and vivacity of their old age. This is owing partly to natural disposition fostered by example, habit, and association, partly to the beauty of their climate, and greatly to the care they take to promote free and regular evacuations from the skin and the intestines. Warm baths and *lavements* come in the daily routine of a large proportion of the citizens of France. Their climate we cannot make our own; like dispositions are the inheritance of few; but the baths and enemata—the chief among the M'Gregors—they are at the command of us all, and any invention which will render their administration more easy and agreeable, will tend to make more common their proper and habitual use. It is in this view we regard a recent invention of an English mechanic, as an important step in the prevention of disease, and the preservation of the health of the community.

Six or seven months ago, we gave a short discursive essay on the excellence of frequent enemata, and some directions for their use. Among other things it was remarked, that most people err in the quantity of fluid thrown into the intestine. They inject too little. Two or three pints of—warm water will answer as well as anything—should be slowly but steadily introduced into the rectum, in order to ensure the full effect of the remedy. "But," say our friends, "this requires an instrument too large and clumsy—we prefer less, and will make up the difference by adding salt, oil, or molasses." Below may be *seen* an answer to this argument; and when it is remembered that the effect produced depends on the degree to which the intestine is distended, the excellence of this apparatus will be appreciated.

It consists of a small syringe, flexible tube, two ivory pipes, two ivory mounts, and a wooden supporter, all closely packed in a box about half the size of a common brick. When used, one end of the flexible tube, C, is to be attached to the side branch, A, of the syringe; and at the other end, one of the straight ivory pipes, D, is to be screwed into the globular mount of ivory. This pipe is to be introduced into the rectum, and the person seated in a chair;—in another chair, in front, place a basin of warm water, into which the lower end of the syringe is to be introduced to the bottom. By working the piston, any desired quantity of the fluid may be slowly and steadily thrown into the intestine. The machine may be adjusted for self-administration, or the aid of an assistant.



Among the peculiar advantages of this invention of Mr. Maw, are its portableness and little liability to get out of order. It may be carried in the coat pocket without inconvenience, and will be an invaluable companion to the invalid traveller. By a very slight alteration, which it will shortly receive, without doubt, from the ingenuity of some of our machinists, it may be used as a stomach-pump, as well as an injecting syringe. Another great advantage of this apparatus, and one which will come to the mind of the practitioner with peculiar force, is this:—By lengthening the tube, he may himself administer enemata to the sick, without embarrassment on either side. The pipe having been properly introduced by a friend of the patient, the physician may manage the pump at a distance from the bed, and carry the operation to any extent he may judge expedient.—Several of these instruments have been imported, and are for sale by Mr. E. Wight, Apothecary, in Milk Street.

NEW MEDICAL DEGREE.

It appears that the new Charter of the London University authorizes the conferring a degree, we presume honorary, in medicine, under the title of Master of Medicine and Surgery. Such honors are apt to be bestowed on favorites and personal friends, rather than on those who most richly deserve them. Some lamentable instances of such abuse of power, for such it truly is, led us early to regard the existence of these degrees as injurious to the best interests of the profession and of society. We call to mind at this moment an example, in a neighboring state, where, of two physicians practising in the same town, one, an illiterate ordinary man, and an equally bad practitioner—and the other profoundly versed and eminently skilled in medicine, the former received an *honorary* degree of Doctor of Medicine, and the latter was, and has been to this day, wholly overlooked by the sage dispensers of the literary and scientific loaves. And why? Simply because the former was a democrat, and a political and personal friend of some of the rulers of the land and its literary institution, whilst the latter was devoted to his professional avocations, which were numerous, and to the improvement of medical science; cultivated his own mind, and not the friendship of those in power—attended to his own business, and not to the veerings of the popular vane.

MARRIAGES REVOCABLE BY THE LAW OF ENGLAND.

INSTANCES of females being married so early as fourteen years of age are not extremely uncommon in this country, and it is said a female child of twelve, was recently married in England. By the law of that country, there is no period too early for marriage: infant females have been entitled to dower at the early age of nine years. The only limitation is, that males may dissent to a previous marriage when they are at the age of fourteen, and females at twelve; but a marriage after they attain these ages is irrevocable; and a marriage is good for all purposes if made within these ages, if not dissented from at the time of the male party attaining fourteen and the female twelve. Such early marriages were very common formerly, but are rare now.

SINGULAR EFFECTS OF FEAR.

THE following facts are related by Mr. Young in the Edinburgh Geographical Journal.—A blackbird had been surprised in a cage by a cat. When it was relieved, it was found lying on its back. Its feathers fell off and were renewed, but the new ones were perfectly white.—A grey linnet happened to raise its feathers at a man who was drunk: he instantly tore the creature from its cage, and plucked off all its feathers. The poor animal survived the accident (the outrage we would rather say), and had his feathers replaced, but they were also white.

To these we would add the case of a gentleman who was in the Lunatic Asylum at Glasgow a few years ago, who had his intellect impaired, and his hair turned suddenly grey, by a paroxysm of fear.

HIGH WIND.

DURING the gale in the early part of the present month, a woman in this city found her muscular power insufficient to resist the force of the wind, and was blown down in such a manner against the curb stone, as to fracture several ribs of her right side. The lung and liver were so severely injured that she died of the wound, about ten days ago.

ERRATUM.

IN our last number, p. 158, in the two last lines of the second column of the article on *Rigors*, for "must act upon the other, as well as," read "may."

Whole number of deaths in Boston the week ending April 22d, 24. Males, 10—Females, 11. Stillborn, 3.

Of consumption, 5—infantile, 1—unknown, 2—lung fever, 1—croup, 3—cancer, 1—paralysis, 1—sudden, 1—childbed, 1—fits, 1—dropsy in the chest, 1—dysentery, 1—liver complaint, 1—scarlet fever, 1.

THE BOSTON MEDICAL AND SURGICAL JOURNAL
IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,
At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. Price $3,00 per annum in advance, 3,50 if not paid within three months, and 4,00 if not paid within the year. Postage the same as for a newspaper.

TO THE MEMBERS OF THE MEDICAL PROFESSION.

The publishers of the Boston Medical and Surgical Journal, desirous of rendering this publication acceptable in every respect to its readers, have decided on the adoption of a plan which they trust will obviate any inconvenience occasioned to subscribers by the present mode of issuing the weekly numbers. The work will be printed every Tuesday, as heretofore; and, on the 1st of each month, commencing with June next, the numbers of the preceding month will be published together. They will be stitched in a neatly-printed cover containing the table of contents, medical advertisements, &c., and will be promptly forwarded to those individuals who may prefer receiving them in this manner. The Monthly Series will be designated by the title of Parts, and each Part will of course comprise sometimes four and sometimes five Numbers. It is thought that by this measure subscribers at a distance will receive the Journal with more certainty, and in better condition, than when one sheet only is enclosed in an envelop. The Contents on the covers may also be found convenient to readers in referring to articles in previous numbers,—and the covers themselves will better preserve the work in good order, in the daily use for which it is intended.

Another improvement is in contemplation, which the publishers believe will meet the approbation of the patrons of the Medical Journal. In consequence of the inconvenient size of a volume containing 52 numbers, or 832 pages, it is intended that in future there shall be two volumes a year. A title page and index will therefore be issued, and a new volume commenced, next August, and at the close of every six months following.

Additional expense will thus be incurred by the proprietors, but the subscription price for the work, either weekly or monthly, will be the same as at present.

The proposed plan of Monthly Parts will be adopted for the remainder of this volume, or until August next; and if it is then found that a Monthly Medical Journal on a more extended and systematic plan is required, such an one will be published. It is the desire of the publishers to supply the wants, in Medical Periodical Literature, of the Faculty of New England,—and if they require a monthly publication either partly made up from the weekly Medical Journal, or altogether distinct from it, they have only to signify their wishes to us, and offer a reasonable encouragement, and they shall be gratified. Should the measure now to be adopted, however, prove likely to be more generally satisfactory than the one last proposed, it will be continued.

Those subscribers who wish the Journal sent them in future in *Monthly Parts*, as above explained, are requested to return this number, directed "Medical and Surgical Journal, Boston," *with their names written on the margin;* and, as soon as practicable after it is received, the alteration will be made. No number after this, therefore, need be sent back in any case, and care will be taken by the publishers that this one is again forwarded to all who return it as above. Those who do not give notice in this or in some other manner, will receive the weekly numbers as printed.

The publishers would be glad to receive the opinions of readers in different parts of the country, as soon as favorable opportunities occur, in regard to the above alterations and suggestions. They would also give notice to members of the profession, that the pages of the Journal are open for the discussion of subjects relating to Medicine and Surgery and the kindred Sciences, for Reports of Cases, &c. &c. The editorial department is confided to able and impartial hands, and no influence whatever but that of an earnest desire that the Journal shall conduce to the promotion of Science, is allowed to operate in the admission or rejection of communications.

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, MAY 10, 1831. [NO. 13.

I.

TAPPING IN HYDROCEPHALUS.

Mrs. Chauncey, a colored woman, was delivered, on the 26th of September, of a male child. Dr. J. Sickles, who attended her, observed that the head of the child was unusually large, and, on examination, he found that it labored under congenital hydrocephalus.

Nov. 12.—Head measures nineteen inches in circumference, and thirteen from one mastoid process to the other. The parietal bones are separated from each other between six and seven inches.

Nov. 24.—Head measures twenty inches and a half.

Dec. 5.—Head measures twenty-one inches and three quarters.

Dec. 11.—Head measures twenty-two and a half inches, and fifteen from one mastoid process to the other. One pupil is contracted, and the other dilated, with twitching of the muscles, and tossing of the arms.

Dec. 21.—In the presence of Dr. R. K. Hoffman, and Dr. J. Sickles, I made a puncture with a common bleeding lancet, in the posterior fontanelle, about one inch and a half from the centre, on the right side, and drew off about twelve ounces of fluid. The child rested much better this afternoon, than on any previous day.

Dec. 22.—Child appears much better—less strabismus. It now, for the first time, appears to observe the light of a candle; bowels very regular; rests and nurses well.

Dec. 23.—In the presence of Dr. B. Kissam and Dr. J. Sickles, I drew off thirty ounces of clear fluid. During the flow of the last ten ounces, I was obliged to stop it two or three times, in consequence of the debility produced; but reaction soon came on, and I continued the discharge as far as was considered safe.

Dec. 24.—Considerable fever.

Dec. 25.—Pupils contracted; cough; difficult breathing. At four o'clock on the next morning, the child died. The parents would not allow of any examination. I would not have performed this operation, but for the hopeless state of the case, and the earnest solicitations of the parents; and as I had heard and read of cases favorable to the practice, I thought it only fair to give my patient a chance.

After quoting the above case, the Editor of the N. Y. Bulletin goes on to say:—

I shall embrace the opportunity given by Dr. M'Comb's case, and offer a few remarks on the disease which forms the subject-matter of his communication. These I shall arrange under four heads, viz:—

1st. *The brain is not disorganized in hydrocephalus.*

2d. *If the brain were destroyed, the manifestations of the mind would be annihilated.*

3d. *The measurements of some of the largest heads on record.*

4th. *Observations on tapping the brain.*

1st. *The brain is not disorganized in hydrocephalus.*—It was such cases as the above, that led the ancient physicians, and even some of those not far distant from our own day, to assert, that some infants, and even adults, existed for years without a brain. Zacutus Lusitanus says he knew a child to live for three years without a brain; for, on examination after death, he found water occupying the place of the brain, and the dura mater folded or doubled on itself. Lauffer found nothing in the head of a stillborn child but water, in which he conjectured the brain had been dissolved. (Dissertatio de infante sine Cerebro nato, Hallæ, 1743.) Haller mentions the statement of Duverney, which amounts to this:—That in a hydrocephalic subject examined by him, there was no brain. However, without a denial is necessary to show his disbelief, he cannot be accused of fostering the absurd narration of Duverney. Morgagni criticised Duverney with that candor and severe acumen which ever marked his commentaries on predecessors and contemporaries;—to be short, he never failed in such cases in finding the brain, but it universally assumed more or less a membranous form. This cerebral transformation had, however, been previously noticed by Vesalius. (Opera Omnia, 1, p. 16.) Tulpius, (Observat Med., 8vo. 1716, p. 45.) Petit, (Memoires de l'Academie Royale de Sciences, 1718.) Hunauld, (Memoires de l'Academie Royale, 1740.) Bertin, (Osteology, tom. ii., p. 500,) and Vater, (Miscellanea Curiosa sive Ephemeridum Medico-physicicarum Germanicarum Academiæ-Cesareo-Leopoldinæ Naturæ Curiosorum, Decuriæ, iii., A. 9, p. 294.) We are however under lasting obligations to Gall and Spurzheim, for incontrovertible anatomical and physiological proofs, that the cerebral substance is not disorganized in hydrocephalic subjects. By laborious, cautious, and multiplied lacerations of the brain, they have clearly demonstrated, beyond all cavil, that each cerebral convolution is composed of two closely applied laminæ, and consequently, that when the ventricles are distended with fluid, the surrounding convolutions suffering a pressure in the ratio of its accumulation, have their component layers separated, and changed gradually from their natural or vertical position, so as in time to assume a horizontal position. Thus the brain really becomes unfolded, and presents the appearance, in extreme cases, so honestly described by Zacutus Lusitanus. Had Duverney and Lauffer the sagacity of Vesalius, Tulpius, and Morgagni, or the light of Gall and Spurzheim's discoveries in cerebral anatomy, to regulate their dissections, they would have discovered, *that the brain had not been dissolved, nor vanished from the sight of man;* and, above all, they would have avoided the sarcastic criticisms of their *petit* successors.

2d. *If the brain were disorganized, the manifestations of the mind would be annihilated.*—The hypostatic union of the two entities, body and mind, is admitted by philosophers, moralists, and divines. St. Thomas, (Contra Gentiles.) St. Augustine, (de lib. arbit.) St.

Ambrose, (de operibus Christi.) St. Cyprian, (De Offic.) St. Crysostem, (Homil. ii. iii. super Epist. ad Heb.) and St. Gregorius Nyssenus, (De hominis opificio,) have advocated the connexion between the mind and the body.

Sir I. Newton says, "are not the sensible species of things, brought through the nerves to the brain, that they may be perceived by the mind present in that place?"

Locke observes, "Perceptions can only be produced by impressions upon our senses, and some motion thence continued by our nerves to the brain, or the seat of perception."

Dr. Watts thus expresses himself:—"It may be proper to observe, that there is a particular portion of the body which may be called the common sensory or palace of the soul."

I presume it is here unnecessary to prove that the opinions of the ancients respecting the seat of the mind, is untenable; of Aristotle, who placed the sentient soul in the heart; of Servetó, in the aqueduct of Sylvus; of Erasistratus, in the membranes; of Herophilus, Sylvius, Aurantius, Vieusseus, Willis, Des Cartes, Bentekoe, Schellhammer, and Drelincourt, who assigned to it a habitation in some one part of the encephalic mass.

That the cerebral mass is that part of the body through which the mind manifests itself, is easily proved by the following facts:—1st. Automatic life requires neither brain nor cerebellum. 2d. All parts of the body pertaining to vegetative life, may be destroyed without suddenly annihilating the mental faculties. 3d. If the brain be compressed or destroyed, its functions are deranged or annihilated. 4th. Animals are intelligent in proportion to the relative size of the brain, and in the same ratio as its parts are multiplied. 5th. When the brain is imperfectly developed, as in idiots, the mind is defective. 6th. The intellectual faculties are weakened by age, and deranged by sickness, in the same ratio as the brain is changed; and, lastly, the manifestations of the mind are secondary to the growth of the brain. On this subject Dr. Watts observes: "The only reason why we see so little evidence of thinking in infants, is not for want of speech, or signs to manifest thought; but because their experience is so small, their judgment so weak, and the memory so short and imperfect, by reason of the exceeding softness of the brain, which can hardly retain any traces. As the brain grows harder, and more capable of retaining traces, so the memory is confirmed and the judgment strengthened, and taught to act, and the efforts of thinking and a reasonable nature appear." Denham, in his Physico-Theology, says, "The brain is in all probability the seat of the immaterial soul, and differs from that of quadrupeds, as it is larger, affording more room for so noble a guest."

If, then, the brain be the instrument by which the mind exercises its powers during its mortal affinity, it necessarily follows, that if it be destroyed by chronic hydrocephalus, the manifestations of the mind ought to be annihilated also. Walter, of Berlin, and Ackerman, of Heidelberg, admitted this position, and, in confirmation of it, have asserted that the cerebral mass is disorganized; and Walter has actually endeavored to maintain, that in this malady the faculties of the mind are destroyed. We cannot assent to this statement; for Tulpius, Camper, Gall, Spurzheim, Home, and a host of others, have observed extreme cases of hydrocephalus, where the brightest gems of the mind shone in unsullied splendor. I myself have seen a case, and for aught I know the person still lives, where the head measured thirty-five inches at its greatest circumference, and the boy, then nine years old, possessed as much intelligence as others of age, and was endowed with a serenity of temper seldom met with in youths.

3d. *The measurement of some of the largest heads on record.*—The case related by Dr. M'Comb, is the most extensive, for the age of the child, that I have seen or read of. Dr. Monro says, "I have met with an instance of a child that died when sixteen weeks old, whose head measured, at its greatest circumference, twenty-four inches," (Morbid Anatomy of the Brain, p. 29.) In a person who labored under the disease for twenty-six years, he found the head to measure forty-three inches, (p. 20.) At Copenhagen, Drs. Gall and Spurzheim saw a girl of thirteen years of age, whose head measured twenty-five inches in circumference, nineteen from ear to ear, and the same from the root of the nose to the neck. At Augsburgh, they met with a girl, whose head may have contained four pounds of fluid. In London, Spurzheim examined a hydrocephalic head thirty-three inches in circumference, twenty-four and a half from one ear to another, and twenty-three and a half from the root of the nose to the nape of the neck. Messrs. Naumeyer and Nuffer, at Fribourg, in Brisgau, possess the skull of a girl aged seven years, whose brain contained seventy ounces of water. Dr. Maler, of Carlsruhe, observed a case, where ten pounds of fluid had accumulated in the brain. (Gall and Spurzheim, Anatom. et Physiolog. du systeme nerveux en general et du cerveau en particulier.) Cook reports the case of a child eleven years of age, whose head measured thirty-five inches. (Ed. of Morgagni, p. 20.) Some other extraordinary cases are recorded, by Michaelis, Genga, Wepfer, and others; and, according to Cook, the head has been found to contain twenty-four pints of fluid.

4th. *Observations on tapping the brain.* — Severinus recommended puncture of the brain in hydrocephalus, when other remedies proved useless. E. Ferdinandus, Wepfer, Hildanus, and Monro, secundus, have seen the most dreadful symptoms, and even death, follow this operation. Dr. Vose, of Liverpool, has related a case, very favorable to this practice (Medico-Chirurgical Transactions, vol. ix. part 2); but after the operation had been repeated several times, and the bones began to unite, the symptoms increased, and soon proved fatal. Rossi, a surgeon of Turin, reports the case of a patient, aged twelve years, who had much fluid effused into the cavities of the brain, in consequence of a blow on the head. He says, "J'y fis une ouverture avec la lancette, et je tarai par là environ six livres d'eau; à reprises dans l'espace de vingt jours le malade fut sauve."

In the London Medical Gazette for April last, it is reported that Dr. Conduit operated on two cases successfully. From the account there given, it appears to me, that in one case the child was only relieved; for it is admitted that the enlargement of the head did not subside. In the other, portions of brain are said to have been discharged, and that in a few days the child had recovered. I must candidly confess that I am not credulous enough to believe this; and I think it would be desirable to hear more about the patients of Rossi and Conduit, before we stamp them as successful.

I conceive there are serious objections to puncturing the brain with lancets and such instruments, and also to the evacuation of large quantities of fluid; but it is not my intention, at present, to enter into an explanation of these objections—suffice it to say, that the consequences of such practice are generally fatal: moreover, wounds of the brain, even of small magnitude, generally produce deliquium, vomiting and convulsions.

The fluid, in hydrocephalus, is sometimes outside the brain. This fact was formerly denied by Gall and Spurzheim; but afterwards they retracted their opinion, in consequence of having observed cases where the fluid was collected between the brain and dura mater. Spurzheim, in his *Observations sur la Phrenologie*, speaks of a case that he examined with Dr. Roberton, of Paris, in which two pounds and a half of fluid were collected between the dura mater and arachnoid membrane, whilst the brain, covered with an adventitious membrane, lay compressed at the base of the cranium. Breschet has observed two similar cases; and in the head of James Cardinal, aged thirty-five, who died in Guy's Hospital in 1825, Messrs. Key and Morgan, surgeons to that hospital, discovered nine pints of water between the brain and dura mater, and nearly a pint in the lateral ventricles. In the year 1824, I examined, with the late Professor Todd, of Dublin, a female, aged ten years, who had four pints of fluid accumulated between the arachnoid membrane and the dura mater. In this case, as in that of Roberton, Key, and those of Breschet, the brain lay at the base of the skull.

In such cases as these, puncture of the brain might be attended with advantages, and this was admitted by Monro secundus; but the difficulty rests in the fact, that we cannot *á priori* ascertain the situation of the water.

I have myself treated two cases by puncture, with a large cataract needle, never evacuating more than three or four ounces of fluid at a time, and then using pressure to prevent deliquium. I operated on one patient seventeen times, and on the other four: in neither was the practice successful, but in both it always afforded relief. Therefore, I believe that we ought merely to view puncture as a palliative means, and, when we practise it, use a cataract needle or some other such instrument—to evacuate but a small quantity of the fluid at a time, and then make pressure in proportion to the quantity drawn off.

Where the size of a hydrocephalic head renders parturition difficult, it becomes desirable to diminish the mass by pressure.

II.

CASE OF PULMONARY DISEASE THREATENING PHTHISIS, RELIEVED BY THE SUPERVENTION OF COLICA PICTONUM, IN CONSEQUENCE OF DRINKING CIDER IMPREGNATED WITH LEAD.

By John E. Bush, M.D., of Cincinnati.

I think it unnecessary to offer any apology for laying the report of the following case before the medical public, when I recollect that it relates to a disease which humbles the pride of the physician, and generally mocks his best efforts; when I reflect that, in most instances, all that can be done is to palliate the disease, alleviate the patient's sufferings, smooth the way to, and soften the bed of death. Whatever is calculated to throw any light upon a subject so replete with interest, cannot fail to elicit the attention of every friend of the medical profession, and call forth his most earnest investigation.

The disease alluded to, is Pulmonary Consumption; a disease mostly uncompromising in its characteristics, and irresistible in its progress. Dr. Young says it carries off, prematurely, one fourth of the inhabitants of Europe; and M. Baillie will not admit that a genuine case is ever recovered from: at all events, it has been the terror of physicians and the scourge of mankind, from the time of Hippocrates to the present day.

The subject of the following case is Mr. B——, aged about 26 years, with light blue eyes, thick lips, long neck, sound white teeth, lax fibre, a baker by occupation, temperate as relates to drinking, but careless of his constitution, and somewhat free in his habits in other respects; has lived an athletic life from childhood. On the night of the 22d of February, 1829, his house caught fire, and, extinguishing it, his bedroom and bed became very damp, or even wet. He slept in the bed without changing the bed-clothes, in consequence of which he took a violent cold, attended with much cough, slight pain in his breast, and copious expectoration. This continued, with some slight abatement as the warm weather approached, until the 11th of August, when he attended a camp-meeting, and slept in a tent. Whilst there, he was attacked with hæmoptysis, and threw up a large quantity of blood: and his expectoration was occasionally tinged with blood, until September, when I was called to see him. When I first saw him, he coughed up, in my presence, at one time, a tablespoonful of blood and muco-purulent matter. At this time he was troubled with fever, alternating with slight rigors every afternoon; night sweats; irritating cough; and pain in his head, especially when in a recumbent posture; and the disease had all the leading characters of a rapidly-progressing consumption. To use the patient's own language, his "cough had always been very loose:" this, taken in connexion with the fact that the disease, in the first place, showed itself immediately after sleeping in a damp room (and I ought to have mentioned that he had exerted himself very much in extinguishing the fire, and was in a profuse perspiration when he went to bed), induced me to consider it, notwithstanding the hæmoptysis which attended it, as a case of the catarrhal variety of consumption.

I bled him about 16 ounces, and directed nauseating doses of ipecac., opium, and calomel. The blood exhibited very slight appearances of inflammation. An antimonial plaster was applied to the chest; the ordinary expectorants were used, such as squills, antimony, digitalis, sanguinar. canadens., &c. But very little change was effected by this course during the time it was persisted in, which was about three weeks. The cough was sometimes checked for a short period, but soon returned again as bad as ever. After this course was found to fail of success, I directed an emetic of ipecac. to be repeated every two or three days, and in the intervals, the use of opiate expectorants. This course gave some little relief, insomuch that the patient could go about the house every forenoon pretty comfortably; but still had soreness in his breast, troublesome cough, and night sweats. About this time, he was attacked suddenly with pain in his bowels, attended with a sensation of *drawing* towards the navel, incessant vomiting, and obstinate costiveness. On investigating the case, I informed the patient and his friends, that, if it were possible from any exposure to the causes of this disease, I should certainly conclude that he had the *painter's colic* (colica rhachialgiæ), but the difficulty was to know how that could have been occasioned. I however gave him pulv. opii. gr. ii., submur. hyd. sj., and ordered a like dose to be repeated every four or five hours, with the use of enemata, fomentations to the abdomen, &c.; but, at my next visit, I found he had obtained little or no relief: I ordered, at the suggestion of my friend, Dr. Finley, the addition of ol. croton tigl. to the calomel and opium. We at this visit were informed that Mr. B. had converted a *soda fount* into a *cider fount*, which had a leaden tube to conduct the cider to the counter, through which he had been in the habit of drinking cider. This at once removed the difficulty of accounting for the disease, and confirmed my first suspicions. By continuing these remedies three or four days, the obstruction of the bowels was partially removed, the vomiting somewhat abated, and the pain very sensibly lessened. By continuing the cathartics and opiates for several days more, the disease of the bowels entirely disappeared. And this brings us to the important item in the case.

When the pain in the bowels and the vomiting were at their height, the pain in the breast, cough, and night sweats, entirely disappeared, and all the previous symptoms ceased altogether. It was rational, however, to expect that, when the disease of the bowels was removed, the lungs would return to their former condition; but, to my great surprise and gratification, the patient returned to a state of health which has continued to the present time, nearly six months, notwithstanding the winter has been very violent, and the thermometer has two or three times, in the course of the winter, changed forty degrees in twenty-four hours.

There are several important questions suggested by this case.

1st. Did the restoration of the lungs depend upon any specific effect of the lead?

2dly. Was the vomiting, attendant on the colic, efficacious in removing the pulmonary complaint?

3dly. Was it effected by counter-irritation?

4thly. Did it depend upon the conjunct influence of the whole of them?

These are questions which I think of much importance to the medical profession, and the hope of seeing them satisfactorily answered, has principally induced me to publish this case. If it should, in any way, contribute to the more successful treatment of pulmonary complaints, I shall be abundantly compensated for the little pains I have taken in placing it before the public.—*Western Journ. of Med.*

III.

CASE OF SPINAL IRRITATION.

Communicated to the Editor of the Boston Medical and Surgical Journal,

By Charles Hubbard, M.D., of Winthrop, Me.

Sir,—Miss Sarah Smith, aged 25, came under my care on the 11th of January last. Under this date my notes say—She has severe and painful clonic spasms of the muscles of the glottis, lower jaw, face, neck, upper and lower extremities, with several of the muscles of the chest and trunk. Owing to the spasms of the muscles of the glottis, she frequently utters inarticulate sounds. There is great flatulence of the stomach, with a sensation like that of a cord across the epigastrium, and pains darting through the side, chest and shoulder. So large is the volume of flatus constantly arising from the stomach, that her mouth is set wide open to allow of its escape. These symptoms arise every day, and continue for some hours. They do not, however, appear periodically. She has been thus affected during the last four years. I do not learn that these symptoms were at first preceded by any derangement of the digestive organs. I am told that she has been *doctored* considerably. She has been frequently bled, puked and physicked, has had shocks from the electrical machine, and sparks by insulation. On examining the spine, I find it tender, under slight pressure, throughout its whole course. The dorsal and lumbar portions are particularly so.

Treatment.—Cupping, with scarifications, over the whole extent of the spine, to draw ℥ x. of blood. Before the conclusion of the operation, she has almost entire relief from all the symptoms except the local tenderness, which still remains. Pressure made upon different portions of the spine, will now occasion a recurrence of the spasms of the different sets of muscles. Apply a blister three inches in width to the whole spine, to be dressed with irritating cerate. Diet light and nutritious.

28th.—There are now occasional slight twitchings of the extremities, with very little flatulency. Tenderness of the spine somewhat diminished. Blister dried up. Cupping, with scarifying, to draw ℥ viii. of blood from the same place. Antimonial unguent to be applied twice a day to the spine—to be discontinued if it produces much nausea.

Feb. 5th.—Still more free from the spasms, flatulence and local tenderness. There are a few pustules from the unguent, which is to be resumed.

April 1st. — Remains as well. There is much less tenderness of the spine, which is covered with pustules, which have suppurated freely, but are now encrusted with a dry thick scab. There remain only slight spasms of the lower extremities, excited by motion to walk. The right lower extremity being principally affected, I insert a seton on the right of the spine, over the inner edge of the gluteal muscle of the right side.

14th.—She is much better of the last-named symptom, and feels quite well. It will be necessary to continue an irritation over the seat of the disease for some time yet to come.

Remarks.—The above is a well-marked case of idiopathic neuralgia, implicating several sets of muscles. The irritation in the spinal cord, if it amounted to nothing more, was of a very high grade, and was extended to the neurotic ganglia along the spine. Her pulse has always been natural, her appetite good, and her bowels regular. There has been no one of the viscera affected, except the stomach, which, in addition to flatulency, has sometimes rejected food recently taken.

CHARLES HUBBARD.

Winthrop, *April* 15, 1831.

IV.

BREAD AND ITS VARIETIES.

For the Boston Medical and Surgical Journal.

THE substance known to us under this familiar title, constitutes that preparation of the esculent grains which affords to man the greatest amount of nourishment in the most convenient and useful form.

The farina or flour of wheat, made into a paste with water and some substance capable of producing fermentation, allowed to remain for a certain time and then baked, is found to be converted into a compound differing materially, in its sensible and chemical qualities, from the materials employed ; consisting of an exterior hard, dry, sapid crust, and of an inner white elastic sponge, very porous, and possessing an odor derived from the leaven employed in its fabrication. This compound is bread. It remains soft in a damp atmosphere, dries in a warm situation, continues for a considerable time without moulding, swells on being moistened, is easily masticated, and readily submits itself to the processes of digestion.

The art of making bread is very ancient, since we know, from Scripture, that the Israelites possessed it during their sojourn in Egypt. The Egyptians are, without doubt, the first who understood and practised this important process. From them it passed to the Greeks and Romans, and has now become universal in all countries in which, by agriculture or commerce, the proper material of the fabric can be obtained.

The substance best suited for the process of making bread, is the flour of wheat, after it has been properly bolted or deprived of its bran. Where other kinds of grain are employed, a certain proportion of wheat flour must be added, in order that the result may possess that lightness and spongy texture which, if not essential to the character of good bread, are among its most desirable and attractive qualities.

The process of making bread divides itself naturally into two parts, namely, the preparation of the dough, and the baking. Dough is produced by the intimate union of flour, water, and leaven. The action of the water, as is well known, is not merely to moisten the flour ; the two substances actually combine together in certain proportions, so that it is only the excess of water above this, which is evaporated in baking. In making dough of wheat flour, the quantity of water which thus unites with the flour is estimated at more than one third of its weight. The peculiar quality of the water employed seems to be unimportant, since rain, pump, or well water, answer equally well.

The third constituent of dough, leaven, may be obtained from any vegetable substance which has undergone the acetous fermentation. The dough left from a former baking, and which has become acid, will answer very well ; but it is more usual, in baking on a large scale, to employ barm or yeast ; a ferment which collects on the surface of fermenting beer. When first introduced into use, the latter substance was thought by many to be prejudicial to health. This idea is long since abandoned ; but the comparative advantages of yeast and leaven in making dough are still matter of dispute. The author of a very able treatise on this subject, M. Parmentier, recommends leaven on the ground that the precise degree of its action can be calculated, so that there is less danger of the bread being rendered acid on the one hand, or becoming heavy on the other. On this same ground, Dr. Paris advises the use of yeast ; and the latter substance is employed in preference in England and this country. It is a curious fact, that yeast which has been dried, and so kept for a considerable time, will, when moistened with water, again serve for the manufacture of bread as well as the fresh article.

Dough, properly prepared by the admixture of these three articles, requires to be seasoned with a little salt, and is then subjected to the process of kneading, the effect of which is to incorporate the constituents more perfectly, and to render the mass uniform and homogeneous. That this part of the operation is not unimportant, is well known to those who possess experience on this subject. The chemical union of the flour and water seems to be facilitated by this operation. The water which is added during the process, in place of rendering the dough more moist, is found to impart to it tenacity and consistence. In an economical view, therefore, and as tending to produce the end proposed by the least possible means, it ought by no means to be neglected.

After this process, the dough is left to itself, that the rising or fermentation may go on without interruption. The time required for the completion of this process, varies with the temperature to which it is exposed. At that of summer heat, which is as high a temperature as can advantageously be employed, the time required is about five hours. At the end of this time, the dough is divided into loaves, and transferred to the oven. The degree of heat which is best suited for baking bread, is stated by Mr. Donovan at 448 deg. Fahr. In the best constructed ovens, this temperature is uniformly maintained by means of air flues from a furnace. Newly baked bread possesses a peculiar odor and taste, which are lost by keeping.

The chemical changes which take place during the process of making bread, are still but imperfectly explained. The most interesting part, namely, the fermentation, which occurs when the leaven is added, is accompanied by the extrication of carbonic acid gas, which, by separating the particles of the dough from each other, produces those eyes or cells which give to the bread its spongy texture, and, while it renders it specifically lighter, imparts to it also an increased fitness to be digested and animalized. As a general principle, the more perfectly bread has *risen*, provided it remains sweet, the lighter and more digestible will it become. Now wheat flour is particularly fitted for the perfection of this process, since the gluten, which enters more largely into its composition than that of any of the farinas, serves, by its tenacious property, to detain the gas, and thus to assist in the formation of the cavities alluded to. Deprived of its gluten, though it would continue to be a highly nutritious compound, and would serve the purpose of many culinary products, its property of making good bread would be wholly destroyed.

The conclusion just mentioned is amply confirmed by the numerous and varied experiments which have been made in the manufacture of this important article. Of the various substances which have been employed in the fabrication of bread, those only answer alone, into whose composition this element enters; and in those which contain it, the lightness and excellence of the bread procured from each, is in proportion to the amount in which this constituent exists. This and other circumstances of difference in the several kinds of bread, may render it interesting to give a description of some of the principal varieties, preceded by a synoptic view of the composition of the substances which form their bases, by which it may be judged whether the correspondence adverted to actually takes place.

Table of the Proportions of Gluten and Starch in several Farinas, expressed in hundredth parts.

	Starch.	Gluten.	Other const's.
Wheat,	75	12	13
Maize,	—	0	—
Rye,	60	8	32
Barley,	32	3	65
Oats,	59	6	35

A comparison of the varieties of bread furnished by the above articles, will form the subject of a future number.

MEDICAL JOURNAL.

BOSTON, MAY 10, 1831.

THE NEW MEDICINES.

We have read with great pleasure a work recently published in England, illustrating the efficacy of those articles of the materia medica which are generally known by the name of the new remedies. The work alluded to, contains an account of the observations of Dr. Bardsley at the Manchester Infirmary, an Institution which offers remarkable facilities for accurate medical experiments, and the extent of which may be estimated from the fact, that, in a single year, 16680 patients enjoyed the benefits of treatment at that extensive charity.

Besides the great number of cases in which the remedies in question have been tried by Dr. B., there is one fact concerning his book which adds greatly to its value,—he has recorded faithfully the instances in which his medicines have done harm, and failed to do good, as well as those in which they have proved curative. His conclusions, too, are marked by much impartiality and sound judgment, evidently showing that his sole object has been to arrive at the truth, and fairly to state it to the profession.

Included in the volume are statements of the result of different modes of treatment in Chorea and Diabetes, and some very important facts respecting the use of the *Sulphur Bath* in cutaneous and some other diseases. These facts tend to impress the practitioner with a higher sense of the claims of this remedy to general use, than has been heretofore entertained.

The foregoing remarks will explain to the reader our reasons for desiring to place him in possession of the results of Dr. Bardsley's observations on the use, both of the new remedies, and of sulphur fumigation. We propose, therefore, to offer, in several succeeding numbers of this Journal, a concise explicit account of all these remedies in the hands of Dr. B., and such other practical hints as are contained in his work, or suggested by its perusal.

TEMPERATURE OF PLANTS.

NUMEROUS observations conspire to prove, that plants, like animals, possess a temperature independent of the medium by which they are surrounded. This is indeed sufficiently shown by the fact, that vegetable life will continue, and the circulation of sap be maintained, at temperatures much below the point of freezing. A familiar illustration of the same principle is furnished by the phenomenon, that when a fall of snow occurs early in spring, it melts immediately on coming in contact with the surfaces of trees and shrubs, in which the sap has begun to ascend. It has also been remarked that this phenomenon would occur over a considerable space around the trunks of trees, &c.; an effect obviously due, not to the conduction of heat, but to its radiation from the bark and foliage. A very simple experiment on this subject, was made by a gentleman in Southampton, Eng., in February last, which, though it furnishes no sufficient ground for any positive inference, is well worth repeating. The temperature of the atmosphere was 32 deg. Fahr., and the snow was thickly scattered. On placing the thermometer under the shade of a small cedar tree, it rose in twenty minutes nearly two degrees. On being placed under a boxwood tree, round which the snow was also dissolved, but less perfectly, the mercury stood at 33 1-2. On repeating the experiment under another tree, the rododendron chrysanthemum, it fell to 32 1-2, being only half a degree above the freezing point. The observer attributed this difference to the variety in the amount of the foliage, and to the different radiating power of the leaves, which he thinks corresponds with the variety in the color. In the cedar, for instance, which produced the highest temperature, the color of the leaves was of a dark green, while that of both the others was much lighter; whereas in these, although the color was nearly similar, the quantity of foliage differed very considerably, the amount on the box tree being much greater than that of the chrysanthem. In assigning this explanation, it is evidently taken for granted, that the temperature of the different plants is equally elevated, and that the differences observed depend only on circumstances which regulate the communication of heat; and this opinion, it must be confessed, is highly probable.

THE PRESENT PROSPECTS OF THE FACULTY.

What excuse has a man for being sick in these days of Prophylactics. The Journal of Health has a circulation almost unequalled in extent by any other periodical in the country, and it is filled with rules and regulations for keeping out of the hands of the Doctor. There is just published at Philadelphia, a work entitled "The Catechism of Health," consisting of two parts, and treating of Health, Infancy, Childhood, Air, Exercise, Sleep, Food, Drinks, Tobacco, Personal Cleanliness, Clothing, Preservation of the External Organs of Sense, Injury from Lightning, Means of avoiding the Effects of Cold and Dampness, Means of securing the Beauty and Symmetry of the Body, and Miscellaneous Particulars;—of the Occupations for the first Hours of the Day, Breakfast, Forenoon Luncheon, Dinner, Animal Food, Vegetable Food, Dessert, Fruit, Liquors, Afternoon, Tea, Evening, Supper, and the Passions. Besides this, there is shortly to be issued from the same office, the 1st of a series entitled "The Family Library of Health."—What with all these, clean streets, the rage for travelling, temperance societies, and, above all, vaccination, the prospects of the Faculty are appalling. But it is truly delightful to see our medical schools filling up so rapidly, for misery loves nothing better than company.

MEDICO-CHIRURGICAL BULLETIN.

A new Medical Journal is commenced at New York, with the above title: it is edited by George Bushe, M.D., who, we believe, is a foreigner. His "Bulletin" is to be published *monthly*; each number to contain 48 pages (or 3 sheets), and the subscription price is 5 dollars a year. This is probably as low as it can be afforded, although *we* are obliged to furnish our subscribers 4 and sometimes 5 sheets a month, for only 3 dollars a year. The 1st No., issued at the commencement of the present month, appears to exhibit considerable research, and we hope Dr. B. will succeed in his attempts to enlighten the profession. It is to this work we are indebted for the article on Congenital Hydrocephalus, which will be found in our columns this day.

LONDON UNIVERSITY.

Scenes of a very novel and curious description, says the Editor of the Medical Gazette, have lately taken place at this Institution. There had for some time been evidence of a gathering storm—squalls were alternated with the stillness of expectation, till it became apparent that the atmosphere of the anatomical class-room was charged with elements that could not be permanently tranquillized without an explosion. This took place on Wednesday, the 16th inst. On Mr. Pattison making his appearance, he was received by those present with sounds of the most opposite description. His friends were ranged below, his foes above, and a regular contest for the mastery ensued. The former applauded, the latter hissed; and for a moment the cheering seemed to preponderate, till the opponents of the Professor, abandoning their inarticulate mode of denunciation, began to utter cries of "*Off, off!—no lecture,*" &c., when their superiority over his supporters soon became manifest, both as to numbers and zeal. A more extraordinary performance than that which followed, was probably never before witnessed within the walls of any establishment devoted to science. The Professor bowed, and was about to commence his lecture, but "off, off," resounded from all sides, and his voice was drowned in the din. The "subject" for demonstration was then brought in, but the dead and the living were treated with equal disrespect, and it seemed as if nothing could have increased the uproar, till at length a side-door opened, and Mr. Horner, the warden, entered. His office having for its especial object the maintenance of order, he proceeded, in the discharge of his duty, to address the students. It was now confusion worse confounded; the noise and clamor, and determined purpose of overwhelming his voice, became deafening. He attempted by every means to gain a hearing, but the attempt was in vain; the opposition to him appeared, if possible, more violent than that directed against Mr. Pattison. The drama was not yet ended, for behold the door opened once again, when three members of the Council, headed by Lord King, presented themselves. His Lordship, with looks and gestures as indicative of humble entreaty as those practised by John Kemble during the O. P. rows at Covent Garden, now came forward, and, laying his hand upon his heart, in dumb show supplicated a hearing. For some time it was doubtful whether he would succeed any better than the warden, but at length having obtained a moment's pause, his Lordship put it to the students, as men of honor and feeling, to suffer the lecturer to proceed; assuring them that any representation they might send to the Council would be immediately attended to. Here his assertion was met by a declaration from one of the pupils, who instantly rose and stated that the class had already sent in a remonstrance which had not met with attention. Lord K. asseverated that this should not occur again; but the thread of his discourse, once broken, was not so easily resumed. Clamor again prevailed, and his lordship, with the whole of his party, were ultimately obliged to retire, leaving the pupils triumphant, and affording an excellent illustration of collegiate discipline. To make the matter complete, the lectures were suspended, and we understand that a *verbatim* copy of the former paper was sent in to the Council by the pupils, who have thus taken Lord King at his word.

On Monday last the theatre was opened again, when it was stated, by one of the pupils, that the "Committee" had agreed that there should be no further expression of disapprobation manifested against Mr. Pattison at present,—an announcement obviously comprehending an acknowledgment that the previous disturbance and interruption of the lectures had been the result of an organized plan. The Professor soon after entered, and in a subdued tone, and with the appearance of a man oppressed by deep emotion, said, that after the interruption which the course had met with, it became impossible for him to resume the thread of his discourse at the point at which it had been broken; he should, therefore, direct their attention to a new subject. He then proceeded to demonstrate the surgical anatomy of the arteries of the lower extremity, and, we must say, went through his task without betraying any of that confusion, carelessness, or inaccuracy, of which he has been accused.

New College of Medicine.—The Editor of the London Medical Gazette ironically remarks, that the whole profession will learn, with pride and gratification, that a new Medical College is to be established, in which all abuses of every kind are to be done away. It is to be founded on the most enlarged, liberal, and gentlemanly principles; and all practitioners, whether "physicians, surgeons, or apothecaries, will be associated upon equal terms—will enjoy equal rights, and will be recognised by the same title!!!"

The whole of the appointments have not yet taken place, but the following, which have been handed to us, are quite sufficient guarantees to the public of the respectability of the establishment, while they will at once convince the profession of the high rank which the new College must immediately take among the scientific institutions of Great Britain:—

President, Mr. Wakley; *Vice President*, Mr. King; *Treasurers*, Mr. Dermot, Mr. Sleigh; *Secretary*, Mr. M'Christie; *Confrères*, Dr. Morson, Mr. G. Walker, Mr. Waller, Mr. Complin, Mr. Bowen, Dr. Ramadge, Dr. G. Smith, Mr. D. O. Edwards, and several young gentlemen attending lectures in London; *Corresponding Members*, Dr. Jacob, Dublin, Dr. M'Intosh, Edinburgh; *Beadle*, Michael Kearney (F. 21).

English Naval Surgeons.—The order by which the Surgeons of the British Navy were excluded from the King's levees, and which we stated to have probably originated in a mistake, has been annulled.

Parisian Medical Intelligence.—The contest for the chair of *Physique Medicale* has terminated in favor of M. Pelletan, a circumstance which has given much satisfaction to the medical world of the French metropolis. M. Pelletan was formerly a professor belonging to the Faculté, but lost his chair in consequence of the obnoxious ordinances of the Frassinous administration. It certainly redounds much to his credit, that his desire to connect himself once more with the Ecole de Medecine, has been backed by the ability and courage to enter into contest with younger competitors, and still more so, by the good fortune to come off victorious. His display of talent during the Concours, has been marked by a singular clearness and admirable precision; and on every subject he showed himself a perfect master. Of the six candidates who entered the lists with him, only two remained to dispute with him the palm; and of these two, M. Person is said to have acquitted himself in the next best manner.

The Concours for the chair of *Pathologie Externe*, was begun on the first of March. Eleven candidates started, but two of them retired after their first day's experience. Among those who contend for this professorship, we observe the names of Cloquet, Sanson, Berard, Blandin, Velpeau, and Petit.

On the 4th of next month, another Concours will be opened, for the disposal of the chair of *Histoire Naturelle Medicale:* and this, it is supposed, will conclude the combined labors of the Faculté and the Institute.

On Improvement in Black Writing Ink; by John Bostock, M.D. F.R.S., &c.—(Transactions of the Society of Arts of London.)—The changes which tend the most to impair the value of ink, are its moulding, the separation of the black matter from the fluid, and its loss of color,—the black first changing to brown, and then disappearing. The author considers the gallic acid to be the only part of the solution of the gall nut, which is essentially concerned in the production of permanent black ink, and that the tan, the mucilage, and the extractive matter, are the causes of its deterioration. The moulding is considered as arising from the mucilage, and the precipitation to be chiefly occasioned by the extractive matter. The tan, it is conjectured, forms a triple compound, in the first instance, with gallic acid and the iron; and that in consequence of the decomposition of the tan, this compound is afterwards destroyed.

The practical conclusions, says the author, that I think myself warranted in drawing from these experiments, are as follows:—In order to procure an ink which may be little disposed either to mould or to deposit its contents, and which, at the same time, may possess a deep black color, not liable to fade, the galls should be macerated for some hours in hot water, and the fluid be filtered; it should then be exposed, for about sixteen days, to a warm atmosphere, when any mould that may have been produced must be removed. A solution of sulphate of iron must be employed, which has also been exposed for some time to the atmosphere, and which, consequently, contains a certain quantity of the red oxide of iron diffused through it. I should recommend the infusion of galls to be made of considerably greater strength than is generally directed; and I believe that an ink, formed in this manner, will not necessarily require the addition of any mucilaginous substance to render it of a proper consistence.

I have only farther to add, that one of the best substances for diluting ink, if it be, in the first instance, too thick for use, or afterwards becomes so by evaporation, is a strong decoction of coffee, which appears, in no respect, to promote the decomposition of the ink, while it improves its color, and gives it an additional lustre.—*Jameson's Journal.*

The Seat of Taste.—By covering the tongue with parchment, sometimes in whole, and sometimes in different parts, it has been determined by two experimenters in Paris, MM. Guyot and Admyraula, that the end and sides of the tongue, and a small space at the root of it, together with a small surface at the anterior and superior part of the roof of the palate, are the only portions of surface in the cavity of the mouth and throat, that can distinguish taste or sapidity from mere touch. A portion of extract of aloes, placed on any other part, gives no sensation but that of touch, until the saliva carries a solution of the sapid matters to those parts of the cavity.

Whole number of deaths in Boston the week ending April 29th, 17. Males, 8—Females, 8. Stillborn, 1.

Of consumption, 2—smallpox, 1—croup, 1—dropsy on the brain, 1—old age, 1—quinsey, 1—unknown, 3—lung fever, 1—fits, 1—inflammation of bowels, 1—infantile, 1—inflammation, 1.

ADVERTISEMENTS.

GREAT SYMPATHETIC NERVE. By J. P. Manec, D.M.P., Lecturer on Anatomy and Operative Surgery at Paris. Translated and Corrected by J. Pancoast, M.D. This day received by CARTER, HENDEE & BABCOCK. May 10.

THOMSON ON INFLAMMATION. This day received by CARTER, HENDEE & BABCOCK, Lectures on Inflammation, exhibiting a View of the General Doctrines, Pathological and Practical, of Medical Surgery. By John Thomson, M.D., F.R.S.E., Professor of Surgery to the Royal College, &c. 2d American from the last London Edition. May 10.

THE BOSTON MEDICAL AND SURGICAL JOURNAL
IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,
At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover. Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year. *Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, MAY 17, 1831. [NO. 14.

I.

EFFECTS OF POSTURE ON THE PULSE IN HEALTH AND DISEASE.

It is known that considerable variety, both in strength and frequency of pulse, is observed in the erect, the sedentary, and recumbent postures. Dr. Thomson, of Edinburgh, first pointed out some of these differences from an extensive series of accurate observations; and these were confirmed by Dr. Stroud, in the numerous experiments made by him on the patients of the clinical wards in the years 1816 and 1817. Unaware of these experiments apparently, Dr. Graves has, with extreme diligence, devoted himself to the observation of the varieties of the pulse, not only in the erect and recumbent posture, but in the inverted, with the feet above and the head dependant. The author found, however, that this position produced much less effect than he anticipated. The frequency of the pulse in this position was neither retarded nor accelerated; but its strength was diminished, sometimes very considerably, and occasionally it became very irregular: a circumstance which Dr. G. is inclined to ascribe to the weight of the column of blood pressing on the aortic valves, and thus augmenting the impediment to its exit from the ventricle.

Dr. Graves found the pulse less frequent, from six to fifteen beats in the minute, and stronger, in the horizontal than in the erect posture; and he infers, that in this position its maximum of strength and minimum of frequency are at once attained. This fact he thinks may explain the relief obtained by placing patients in the horizontal position in order to avoid fainting, for instance, that produced by venesection. This, however, with deference to the author, we must be permitted to question. Syncope from venesection is doubtless occasioned by the blood being so suddenly drawn off, that there is no longer a sufficient quantity left to excite the action of the heart; and it is with equal certainty obviated by placing the patient in that position, in which, while the blood is drained from the inferior vessels, it may, by being gradually allowed to flow from the superior ones, still be adequate to excite the heart.

In all diseases, except six cases of hypertrophy with dilatation of the heart, Dr. Graves found the pulse to differ in frequency in the erect, sitting and horizontal postures. In four of these six cases, the fact of hypertrophy with dilatation was ascertained by inspection; and of the other two, in one it was certain during life, and in the other was at least probable. It would be doubtless premature to speculate on the cause of this peculiarity, until the phenomenon has been observed in a greater number of cases. We conclude our account of this paper by subjoining the general conclusions, which Dr. G. thinks may be established from an extensive number of observations.

"1. That the greatest difference occurs in patients laboring under fever, or in a debilitated state, in consequence of fever or any other cause. It may amount to thirty, forty, or even fifty, between the horizontal and erect postures.

"2. That this difference decreases after the first quarter of an hour, in most cases, but always remains considerable as long as the same position is observed.

"3. That in persons not much debilitated, the difference is much less than that stated above, and often does not amount to more than ten.

"4. That, when the patient lies down, the pulse rapidly falls to its former standard.

"5. That in some the frequency is greater between the horizontal and sitting posture, than between the latter and the erect; while in others the contrary takes place, so that generally the frequency of the sitting posture may be taken as a mean.

"In persons convalescent from fever or acute diseases, I find it is extremely useful to the physician to ascertain the comparative frequency of the pulse in the horizontal and erect position. The greater the difference, the greater is the debility of the patient; and, consequently, the more guarded must his medical attendant be in allowing him to sit for any length of time, particularly if the pulse, on his lying down, does not resume its usual degree of frequency."—*Edinburgh Med. and Surg. Journ.*

II.

LITHONTRIPTY.

THE following is the first operation, we believe, of the kind, ever performed in this country—and we derive the record of it from the New York Med. Journal.

Mr. B., aged sixty-one years, of a lymphatico-sanguine temperament, remarkably corpulent, consulted me some time in the month of October, 1830. The patient had many symptoms which led him to suspect the existence of a stone in the bladder; the most convincing proof with him was, that, for many years previously, he had frequently passed many urinary calculi. Some of these had been sufficiently large to remain for some days in the urethra, but he managed to disengage them without having recourse to surgical aid. Within a few months he had observed, that while passing his urine, the jet would be suddenly interrupted. The bladder certainly contained more urine, for the desire to pass more still continued. It was evident to me that there still existed a calculus in the bladder, and a silver sound, which I introduced immediately, justified the prognosis.

The patient, more anxious for the future than actually suffering from the disease, was naturally desirous of being released from his complaint. Lithotomy was not to be had recourse to, and the patient declared he would rather die than submit to that operation.

I proposed Lithontripty, and it was readily acceded to. In order to perform this operation, I could only obtain an instrument with a handle (*lithontriteur a manivelle*) which is very imperfect and feeble in its operation; but as the calculus was of no great size, I supposed that this instrument would suffice.

The bladder having been previously injected with tepid water, I introduced the instrument, and soon seized the calculus, the size of which I estimated to be about fourteen lines in its greatest diameter. As soon as the drill touched it, it appeared to be hard, and gave out a sound sharp enough to be heard distinctly by the patient himself, and by those who were present during the operation. As I soon discovered that the drill acted very slowly upon the stone, I suspended the operation, and resumed it, a few days afterwards, with a new drill, which, however, did not wear away the calculus much faster than the first. After each of these operations, I was encouraged by observing that the patient passed considerable quantities of fragments of stone.

The incomplete success of these two attempts, induced me to cause to be made an apparatus like that of M. Civiale ; and on the 29th of November, I again introduced the instrument.

The calculus was seized two different times, and was perforated through its whole substance, on both occasions, with a drill three lines in diameter. The operation lasted fifteen minutes, and did not occasion the least pain. Upon withdrawing the instrument, the patient passed with his urine a whitish powder, mixed with fragments of different sizes, among which I noticed one about the size of a pea. The patient felt, during the remainder of the day, some inconvenience from being frequently compelled to pass his water, and each time it was accompanied with small fragments of the calculus. Emollient enemas, and mucilaginous drinks, so rapidly subdued this irritation, that the patient wished the operation to be repeated a few days afterwards. As a matter of precaution, I did not, however, resume it until the 8th of December.

On this occasion, I experienced much difficulty in endeavoring to seize the calculus. It escaped twice, just as I was about to make it secure. I finally succeeded in seizing it, and from the extent of the dilatation of the arms of the instrument, I was satisfied that I had it in an entirely new position. By cautious management, I was enabled to drill it throughout in three different places ; and when I had finished the last drill, the dilatation of the arms of my instrument indicated a diameter of five lines. The whole time consumed in this operation lasted forty minutes. As in the preceding essays, the patient was merely fatigued from his position, and experienced no pain. When the instrument was withdrawn, he passed his urine, with an abundant discharge of fragments, some of which were as large as those which I have already noticed.

During this operation, I collected but a small quantity of the debris of the calculus, and only some of the larger fragments ; and notwithstanding the gradual diminution of the arms of the instrument, I thought that fragments of the stone might still remain. The symptoms of the disease had never been violent, the desire to pass water continued, and although the urine flowed with an uninterrupted stream, yet my impressions were strong that the stone had not entirely disappeared. To ascertain this, I made three explorations in the course of fifteen days, with the arms of the instrument widely extended, and continued my researches with the greatest minuteness, without finding the least trace of any foreign body whatever. In the course of a few days, I had the satisfaction of seeing the health of my patient perfectly restored; and he assures me that he feels nothing of his former disease.

III.

REPORT OF A CASE TERMINATING FATALLY FROM THE LOCAL APPLICATION OF THE CORROSIVE SUBLIMATE IN THE CURE OF A SPECIES OF TETTER (HERPES EXEDENS).

By Dr. ALLEN KIMBALL, of Appling, Columbia Co., Georgia.

NOT long since, I was called, at a late hour of the night, to see Miss ——, aged about 12 years. When I arrived, I received from the mother a brief narrative to this effect: —That her daughter had been affected for a considerable time with tetter: being over-solicitous to have it cured, that she might be at school, she applied to a physician, who promised a ready cure by the corros. sublimate. The ointment was prepared, and she obtained it early that morning. She had previously received verbal directions to apply a portion the size of a large pea. By parting the hair in different places, the whole scalp was found to be almost entirely covered with a lamous eruption: and she supposed, from the loose manner in which the directions were given, that there was no danger in the article, and that the directions went for the application to every part of the head much affected. At 9 o'clock of that day, she parted the hair in different directions, and freely applied, by the finger, the unguent. A few minutes only had elapsed, before the child began to "cry" of the most insufferable heat and burning, which were followed, in less than half an hour, by nausea, sick stomach, and vomiting, and threatened with convulsions, from excess of pain. Laudanum was given freely, and sinapisms to the gastric region and extremities, with scarcely temporary ease. The mother states, that she applied forthwith to the Dr., but received assurances that the effects were only temporary. (I have been told on the ground that there were no absorbents of the head). When I saw the child (12 o'clock at night), she had short intervals of ease and tranquillity, frequent vomiting, particularly if any fluid was taken into the stomach. Her head was immediately shaved, and washed thoroughly with warm soap and water: warm starch poultices were the only application that gave much relief. From nine in the morning until the same hour in the evening, she passed upwards of one hundred ounces of urine; the pulse was frequent and small; she had no other urinary evacuation until the fourth evening, which was very scanty, and continued so until her death. The third day from the application, blood passed off freely per anum, and increased daily: all the glands of the jaws, &c., were swelled, with a strong mercurial fetor of the breath. These symptoms became more inveterate, accompanied with great thirst, soreness of the abdomen, &c., until the 7th day, when it terminated fatally. The mother used only the index finger in the application of the ointment, except the washing of the head about fifteen hours after. I do not know the strength of the ointment: she states that it produced a sensation to the touch like sand. About three grains were rubbed on of the preparation. She (the mother) was deeply salivated, exhibiting all the usual symptoms of a general ptyalism, which disappeared under the customary course of remedies.

This case presents two lamentable circumstances—that of negligence, and rashness. I do not say this with the fear of contradiction ; for I am warranted in the assertion, that every member of the medical profession is not, virtually, a member of a temperance society, and it is sorely to be regretted that too many of us are addicted to habits of intemperance.

The great Gregory says " temperance and sobriety are virtues peculiarly required in a physician. I have heard it said of some eminent physicians, that they prescribed as justly when drunk, as when sober. If there was any truth in this report, it contains a severe reflection against their abilities in their profession. It shows that they practise by rote," &c. " Drunkenness implies a defect in the memory and judgment. It implies confusion of ideas, perplexity, and unsteadiness," &c. It is due the efficacy of this medicine to say, that several inveterate cases have been thoroughly cured, in this vicinity, by the spirituous and aqueous solution, judiciously applied several times daily. It should never be forgotten, that all the drastic poisonous medicines require to be prescribed cautiously, not only with a regard to the quantity, but to the age, strength, and constitution of the patient. Of all classes of professional men, sobriety, discretion and caution, are more required in the practitioner of medicine. The life of his fellow-creature is constantly at his disposal ;—mistake, or design, sends them from whence no traveller returns. It is to be regretted that the general consent of mankind will not recognise drunkenness and dissipation as a forfeiture of the medical man's profession.

Western Journ. of Med.

IV.

NOTICE OF THE HOOPING COUGH AND MEASLES APPEARING TOGETHER IN THE SAME PATIENT, AS IT OCCURRED AT NEWPORT AND ITS VICINITY, HERKIMER CO., N. Y.

By A. B. Bowen, M.D.

The spring of 1830, in the vicinity of Herkimer County, was uncommonly mild and pleasant, so that, by the last of April, vegetation was nearly two weeks in advance of the seasons. This was checked, however, about the first of May, by one of those sudden changes of weather, so peculiar to the northern and middle States, from warm and pleasant to cold and wet, which latter state continued until the middle of June.

Hooping cough prevailed extensively at Newport, as early as the middle of April, but did not spread much in the country around, till some weeks later,—attacking, in its course, almost every individual susceptible of the contagion. There was no peculiarity attending the complaint, or distinguishing it from common pertussis, other than the severity of its symptoms — viz., high fever, distressing cough, almost to suffocation, attended with the whoop, and, in several instances, terminating in epileptic convulsions.

In May, measles made its appearance, attacking a great many of the little patients laboring under cough. In most instances, the active symptoms of the latter complaint had subsided, previous to the measles setting in; and in all with which I was acquainted, the *cough commenced first.*

The attack of measles was usually ushered in by the common premonitory symptoms, and speedily followed by oppression and laborious respiration, arterial excitement, dyspnœa, livid countenance, eruption, and attended with paroxysms of pertussis, aggravated, and distinct from the hoarse cough of measles. We give one case—a fair specimen of many.

July 4th.—Called, 5 o'clock this morning, to see a child of Mrs. K. A. E., aged 13 months, in convulsions, after a distressing fit of coughing. Attacked about the middle of June: cough dry; stomach irritable; tongue covered with a light brown fur; pulse frequent, not hard or wiry; surface, particularly the extremities, cold; bowels costive.

Warm bath relieved the convulsions. Ordered cal. 6 grs., followed in two hours by ol. R.

5th.—Cal. operated slightly; oil not given; she had considerable fever through the night, but less this morning. Ordered the cal. and ol. R. repeated. Afternoon, another convulsion; cath. had not operated: gave a tablespoonful of ol. R., which brought away dark fetid stools in abundance.

6th.—Child better: ordered ol. R. next day, and left.

26th.—Called again: found her broke out with measles; had coughed as often as once in an hour or two, since 6th inst., but not alarmingly; eyes red and suffused; had hot and burning skin; hoarse cough, with dyspnœa and frequent paroxysms of pertussis, distinct and severe; pulse full, hard, and frequent. Bled her 3 oz. in the jugular vein, which relieved her breathing, and gave her an emetic, which threw off much bilious matter, mixed with mucus.

27th.—Paroxysms of cough and dyspnœa more distressing, with much hoarse cough and fever: opened her bowels with ol. R., and put her into a warm bath, which relieved her breathing a little; increased again this afternoon, and the system evidently giving way; died at 2 o'clock, A.M.

The commencement and course of this case, was similar to a considerable number of others which came within my observation. Where the system was not too much worn out by the first disease, the termination was in most instances favorable; but, as in this case, when the cough had been of much duration, or when the excitability of the system was worn out from its severity, the complaint was almost surely fatal.

How far these cases go to contradict the observation of the celebrated Mr. Hunter, viz., that two diseases cannot exist together in the same patient, it is perhaps difficult to determine. At first, I could not regard it but as a complete refutation of that doctrine. On reflection, however, I came to the conclusion, that whatever of a *specific* nature there was in the cough, had exerted its influence, and, if the phrase be allowed, spent itself upon the system previous to the attack of measles; that the distinct paroxysms of cough were the sequelæ of hooping cough, kept up by habit, and not the immediate effect of the specific agent. In a number of cases where the patients recovered, and all appearance of measles subsided, the cough was kept up for months after, as is common after pertussis.

It may not be improper, although

aside from the object of this notice, to mention, in this place, a remedy which was resorted to for the cure of this sequel of pertussis, with happy effect in almost every instance in which it was used—viz., Fol. conii, either in the form of powder or pills, given in grain doses to children, and increasing it until some effect upon the system is produced.—*Ib.*

V.

HERPES CURED IN TWENTY-FOUR HOURS BY THE APPLICATION OF NITRATE OF SILVER.

An old man, about 80, of vigorous constitution but impaired mind, was admitted into the French Hospital La Pitié, January 4th. He had sharp pain about the abdomen, and general indisposition, but gave an extremely indistinct account of himself; saying, among other things, that he had received a fall. On examining him, no appearance of bruise was perceptible, but an eruption of bullæ was seen occupying the whole of the left side. M. Lisfranc immediately applied the nitrate of silver to these.

Next day, all the cauterized points were covered with greyish eschars; and the day following, all uneasiness had entirely disappeared. The eschars dropped off about the eighth day.

VI.

THE VARIETIES OF BREAD.

For the Boston Medical and Surgical Journal.

We proposed, in continuing our remarks on this subject, to advert to the different articles to which this term has been applied.

Wheaten Bread.—Of wheaten or flour bread, as it is very frequently termed among us, enough perhaps has been said, as the phenomena which it presents furnish the materials of the description above given. It is this which may be regarded as bread par excellence; since, by its whiteness, lightness, and perfect adaptation to the demands of the human stomach, it surpasses all others. It is this which forms the corn of the greatest proportion of the inhabitants of Europe; and in this country, wherever wheat can be cultivated, it constitutes the favorite grain. Even where it refuses itself to the soil, it is obtained by commerce, to the comparative neglect of the indigenous grains; and there is little doubt, that, were we compelled to obtain our wheat, as we do the fragrant herb which constitutes our evening repast, from beyond the ocean, they would still be, as they now are, inseparable companions.

But without entering more fully into the praises of this valuable esculent, we will advert to some varieties in its fabrication which have exerted considerable influence on its aspect and its qualities. The principal of these depends on the state of the flour, as separated or not, by the process of bolting, from the bran or fragments of the investing membrane. The usual division of bread, founded on this circumstance, is into white, wheaten, and household. In the white bread, the bran is entirely removed; in wheaten bread, there is a mixture of the flour and the finer bran; and that which is technically termed household, includes the whole substance of the grain. It is to this last substance that the term dyspepsia bread has been applied; in fact, the bran thus united with the bread produces a medicinal influence, which, in some states of the system, is highly salutary. This bread, however, contains much less nutrition within the same volume, than that of the sifted flour, and it has been even concluded, from experiment, that the bran lessens the nutritive power of the wheat with which it is combined ; so that a pound of bread without bran, is said to nourish more than a pound and a quarter where the bran remains.

Bread of Maize, or Indian Bread.—The process of preparing this does not materially differ from that of fabricating bread from wheat flour ; and as the details are probably known as well to most of our readers as to ourselves, we shall not minutely describe them. On account of the inferior degree of consistence in this bread, it is not convenient to place the masses in the oven without some enclosure to preserve their form. It is not unusual to interpose between the pans and the paste some membranous substance, like a dried leaf, which renders it easy to remove the loaves. This may be done when the bread is partially baked, so as to possess sufficient consistence to maintain the figure. The baking will thus be more promptly effected and more thorough. Maize, however, is seldom employed alone in the manufacture of bread. In consequence of the want of gluten, the article thus produced is clammy and compact; deficient in lightness, and not easily digested. It has also the inconvenience of moulding sooner than white bread, at the same temperature, and under similar circumstances.

A more grateful variety of this article is obtained by adding to maize a certain proportion of wheat flour. In this case, it is said that a dough should be made with the flour, and allowed to ferment in part before the meal is added. This bread, which we commonly call flour and Indian, is of a light yellow color, and porous, with a crust somewhat less brittle than that of flour bread. It retains its moisture, under similar circumstances, for a longer time than the last article, and, in common with it, is more digestible on the second day than the first.

Under both these forms, maize serves for the aliment of a numerous population, both here and in Europe. In persons accustomed to the use of flour bread, the sudden adoption of this is accompanied with unpleasant effects, on account of the increased stimulus it affords to the coats of the primæ viæ. This effect, however, in many circumstances, is very salutary ; and a change from the exclusive use of flour to that of the mixed grain, when the bowels have become costive, will often be attended with the happiest effects. To persons accustomed to its use, it is simply nutritious, and is fully adequate to perform its share in contributing to vigor and longevity. In a memoir lately read to the French Academy, the author undertook to show that maize was more conducive to health than any other grain; and as a proof of this proposition, the fact was adduced, that in one of the departments in which this grain was most abundantly and universally employed, the inhabitants were remarkable for health and vigor.

Rye Bread.—Rye differs in its composition from wheat flour, in being more abundant in extractive matter, in containing less starch, and being nearly destitute of gluten.

The sensible qualities of its farina, when fine ground and bolted, are, to be soft to the touch, of a yellowish white color, and an odor resembling that of the violet, which is one standard of its goodness. When employed alone, it requires the addition of a considerable proportion of salt, not so much to improve its flavor as to give to it the necessary viscosity, without which it would be unfit to be subjected to the process of panification. Some other precautions are also used in baking it, as that of applying heat suddenly at first, and then allowing the process to go on more moderately. When duly prepared, it is savory and nourishing, and, in the north of Europe, forms the ordinary diet of almost all classes.

With us, rye is generally employed in the manufacture of bread as an auxiliary to maize ; and the compound furnished, though less attractive in appearance than those hitherto mentioned, has an agreeable sweet taste, and, under the name of brown bread, is extensively used in town and country. But unless very judiciously prepared, it is heavy and clammy, and should be used with moderation by those accustomed to a different diet.

Another combination of rye which has been found to yield a very useful product, is with the flour of wheat, in the proportion of two parts of the former to two or three of the latter. In this, as in all the combinations into which flour enters, it is best employed to make the leaven, and the rye, moistened with water, is worked in after the fermentation has commenced. This kind of bread is described as very savory and nutritious, and holds the next rank to that which is made of wheat and maize. In common with the article last mentioned, it has the property of keeping several days without losing its lightness, which renders it peculiarly advantageous for the use of families in the country, who cannot procure daily supplies from a baker, and to whom frequent bakings would be inconvenient and troublesome.

Barley Bread.—Barley, though abounding in starch more than any other grain, if we except wheat, is not well fitted for the production of bread. Fermentation is readily produced, but the result is a compound sour to the taste, and so compact as scarce to deserve the name. Notwithstanding these repulsive qualities, barley bread has, in all ages, been made subservient to the nourishment of man. It answers, however, much better, when this grain is employed, to combine it with others better adapted to this process. By taking equal parts of wheat, rye, and barley, forming a dough of the first, and adding the two other farinas when fermentation has commenced, a bread may be obtained of sufficiently good quality, and withal more economical, under most circumstances, than that afforded by the two first, either separate or combined. In this country, however, barley, when used as an article of diet, is principally employed in solution in the form of gruel.

Oaten Bread.—Oatmeal, though very useful in other forms as an article of diet, offers but very limited facilities for the composition of bread. When mixed with water, the compound produced is dense and viscid, and these qualities are little improved by the process of fermentation. There is also a nauseous bitter taste developed by this substance during the process of baking, which no modification of the process employed has been found capable of removing.

Notwithstanding these unpleasant qualities, oaten bread has at times been employed, when its employment has become indispensable from the want of better material, and has been found to yield a nourishing, though not very palatable article of food.

But where rye or barley can be procured, the use of oatmeal for bread is neither economical nor useful; its proper employment is in solution as a gruel, in which form it is often a useful substitute for more solid nutriment.

Buckwheat Bread.—The farina of this grain requires as much labor to be converted into bread as that of barley. The leaven employed must be fresh, and in considerable quantity, and the paste very thoroughly kneaded. The baking must also be continued for a longer time than in barley bread; the paste is more clammy, and acquires with more difficulty a proper consistence. After all precautions are taken, however, this kind of bread is of bad quality. The day after baking, it dries and crumbles so as to be unfit for use.

We have thus briefly noticed most of those compounds to which, being formed from the farinas of the various species of grain, the name of bread may with propriety be applied. It remains to consider some other substances of which it has been attempted to fabricate bread, but which are not capable of undergoing those changes that are essential to its formation; and I may possibly, Mr. Editor, trouble you with a few remarks on those substances at some future time, should my inquiries respecting them lead to any useful or interesting results.

SILENUS.

MEDICAL JOURNAL.

BOSTON, MAY 17, 1831.

SULPHUREOUS FUMIGATIONS.

In pursuance of the object stated in our last, we commence with an account of the trial made by Dr. Bardsley, at the Manchester Infirmary, of the Sulphur Bath, in diseases of the skin and of some other textures. The extreme obstinacy of a large number of the diseases which pertain to the cutaneous tissue,—their ordinary connection with causes it is difficult to remove, and if removed, still more difficult to avoid in future, —and the length of time they have generally existed before application is made for relief, render it very desirable to add some safe and effectual remedy to those already in common use among the faculty. In no instance within our knowledge, has so thorough and extensive an experiment been made of sulphur fumigation as a means of curing such diseases, as that an account of which is contained in the report of Dr. B. Within the last five years, more than 3000 patients have been subjected to this remedy, and the number of baths given to each has varied from 10 to over 300. The Report sets forth, in satisfactory detail, "the *happy results* attending the practice." Bad effects have sometimes ensued from its employment, but most of these are attributed to inattention in the selection of cases,—or to the co-existence with the cutaneous affection, of some pulmonary or gastric disorder, leucorrhœa, or other complaint, which may be aggravated, rather than relieved by it.

On the other hand, there are some derangements of other organs than the skin, which, so far from forbidding the use of the sulphur bath, invite us strongly to its employment. In some obstinate cases of *amenorrhœa*, the discharge was found, by Dr. B., to return during the use of fumigation. In like manner has it proved curative of *sciatica*, *local palsy*, *scrofulous affections of the joints*, *obstinate ulcers of the lower extremities*, *indolent tumors*, *glandular enlargements*, and other complaints of chronic character. Acute diseases were generally found to be aggravated by it.

In two cases of *Diabetes*, a faithful trial of the sulphur bath was made by Dr. B. In one of these cases, which is related in the report, the patient, a young man of 24, had labored under diabetic symptoms for more than six months, and for the last nine had been under treatment at the hospital La Charité at Paris. He made 26 pints of urine daily. After a short course of laxatives, he was subjected to the sulphur bath every second day; and it is equally surprising and gratifying to see, by the table annexed to the case, the uniform diminution of this quantity, which was effected by the treatment. December 2d, it was 26 pints—February 25th, it was but 2 pints. On the 17th of March, he was discharged in the enjoyment of good health, and returned to his native France and to his former occupation of a manufacturer.

Of 40 cases of *Chronic Rheumatism* from two months to twenty-four years duration, 30 were cured, 7 were relieved, and the remaining 3 were obliged to discontinue the bath.

The particular diseases of the skin in which it was employed with success by Dr. Bardsley, are—

1. *Scabies.*—In this, the sulphur bath is universally acknowledged to be the most elegant and least disagreeable remedy, and Dr. B. found it by far the most successful. "I have always seen," says he, "the most obstinate and neglected cases of it yield very speedily to a few fumigations." To this we can add the testimony of our own experience—having never failed to cure the disease effectually and speedily by a few baths properly and thoroughly administered.

2. *Impetigo.*—In this very common and troublesome affection, which resists, as most other cutaneous diseases do, the long catalogue of popular or rather vulgar remedies, as sarsaparilla, dulcamara, pyrola, dock-root, &c., very marked advantage resulted from the sulphur fumigation. It should never be employed, however, until any signs of acute inflammation in the skin have been subdued by leeches and fomentations locally, and general depletion in the few cases in which such resort is indispensable. In that species of the disease termed by Willan Impetigo Scabida, this remedy has proved especially beneficial.

3. *Porrigo.*—In most of the forms of this disease, the bath was found useful. But as it usually occurs in situations where the fumes cannot be conveniently retained, and readily yields to other treatment, it can scarcely be considered as worth while to give it a trial.

4. *Prurigo.*—In whatever form or situation it appears, no local remedy is so agreeable to the patient, or so sure to remove his disease, as that now under consideration. But be it this or any other, the use of gentle aperients and cooling diet is alike indispensable to a permanent removal of the disease.

5. *Lepra.*—Of 40 cases of leprosy treated at the Infirmary by the sulphur bath, 29 were cured, and 11 more or less relieved. To the use of this remedy in lepra and other *scaly* diseases, the author seems particularly desirous of calling the attention of the profession. "My experience of its high value," says he, "leads me to recommend it as a remedy infinitely superior to every other in those obstinate affections." Besides the cases of lepra above referred to, Dr. B. gives an account of four, which occurred in his private practice, in each of which a cure was effected by the sulphureous fumigations *alone*; although all of them were confirmed cases. In his hands, this remedy was equally successful in that which is among us the most common of all cutaneous diseases, viz.

6. *Psoriasis.*—20 patients, suffering under this disease, received the bath at the Infirmary. Of these, 14 were perfectly cured, 5 were relieved, and 1 found it necessary to discontinue it.

In addition to these he says, "I have the authority of an eminent member of the bar for stating, that after an *ineffectual* trial of various remedies, both in London and the country, for the removal of an obstinate psoriatic disease, he obtained a cure by a persevering employment of the sulphur bath."

7. *Icthyosis.*—This disease, most fortunately of rare occurrence, yielded to the fumigations, and to these alone, in the practice of Dr. B. He appears, in this and other scaly affections, to have given a full trial to ordinary remedies. Where the bath was used simultaneously with these medicines, the complaint yielded no more readily, than where the fumigations alone were depended on. Still we should deem it unwise to trust to their sole agency in all cases, or to expect, in private practice, that so large a proportion as he has given, would yield to such treatment. The persevering use of acknowledged alteratives, should, in our opinion, accompany that of the bath. Of the two, Dr. B. appears to have found the unaided efforts of the former much less successful, than the latter when administered alone.

8. *Pompholyx.*—The bath was adopted in only two cases of this disease, and in both it proved serviceable. As an example, we will offer the details of one of these cases in the author's own words.

John Smethurst, 15 years of age, was admitted as an out-patient of mine on the 13th of June, 1826. His mother stated that the vesications made their appearance shortly after bathing, whilst the body was much heated from violent exercise.

He was first seized with rather severe febrile symptoms, which were removed by the aid of venesection, purgatives, and diaphoretics. The vesications were chiefly confined to the inferior extremities, though many were present on the face and trunk. With a view to their removal, I directed my chief attention to the state of the boy's bowels, prescribing Plummer's pill at bed time, and a gentle aperient in the morning. During the day, he used the decoctum sarsaparillæ compositum, and entered the warm bath every other night. This plan was steadily pursued for more than five weeks, but with very little benefit; for no sooner had some of the bullæ discharged their lymph and healed, than others either reappeared in their place, or arose in fresh parts of the body. I now directed him to enter the sulphur bath every morning, and to discontinue his former remedies. Smethurst received fifty-four baths, when he was discharged perfectly well.

In the 17th volume of the Edinburgh Medical and Surgical Journal, a case of pompholyx is related in the report of the Royal London and Westminster Infirmary for Diseases of the Skin, which was cured by the use of the sulphureous vapor bath. "One among many remarkable and instructive cases (says Dr. Emerson), the medical officers wish to bring under your notice. It was an inveterate instance of the pompholyx, which had resisted the various treatments several hospitals. It occurred in a young girl. Her sufferings were not to be described, but by the use of the bath and some internal medicines she now enjoys a comparative degree of health and comfort; and her tender age renders it extremely probable, that the cure may be as permanent as it has been satisfactory."

It appears to us that the great fault among general practitioners who have assayed this remedy, has been a want of perseverance in its use. Ten or a dozen baths are considered a fair trial in almost any case; but in truth there are few, very few, instances of disease, so mild as to yield to so short a series. In ordinary cases, the itch may be cured by this summary process; but with this exception, we should not dare promise amendment even, till twenty had been tried, or think of being discouraged if fifty failed of conquering the disease. The great secret of the success of Dr. B., is his perseverance in the use of his remedy; and those, we apprehend, who follow him in this respect, will be most likely to be rewarded by similar results.

The next difficulty in the way, is the careless manner in which the remedy is administered by unprofessional persons. Women who know nothing of the nature of the disease to be cured, and little more of the nature of the remedy, are, or certainly have been, entrusted with the management of these baths. This is very wrong. It is a powerful application—requires judgment—carefulness—knowledge. "It must be recollected," says Dr. B., "that this method of cure requires both caution and discrimination;" and which of these can be expected in a female who is ignorant of the disease, the remedy, and its modus operandi.

Another obstacle in the way of a full and frequent use of this bath is, the want of a convenient apparatus for administering it. The old sulphur baths were clumsy and inconvenient, and the profession and the public are greatly indebted to Mr. Wallace, Surgeon to the Skin Infirmary in Dublin, for his improvements on this machine. But even these have still their imperfections.

Deterred chiefly by the foregoing circumstances from advising sulphureous fumigations so frequently as we desired in private practice, we caused, a few years ago, a neat and extremely convenient apparatus for this purpose to be constructed; and having since been in the habit of applying it personally to a large number of patients, we have fully tested its advantages over those, more bulky and expensive, which come to us from abroad. We are all, it is true, apt to appreciate too highly the results of our own industry and our own ingenuity;—but when those results have been put to the test of direct and repeated experiment, we may be allowed to judge of their value with a greater degree of accuracy. Having enjoyed these facilities, then, for the employment of sulphur fumigations,—removed from the objections to their use, which have already been alluded to, we can readily accord to the accuracy of the observations of Dr. B., although we have seldom employed them to the same extent in any individual case, or found them equally capable of removing chronic and long and obstinate cases of lepra and psoriasis without the aid of internal remedies.

To those who are desirous of further information on the subject of this bath and its value as a medical agent, we recommend the short essay of Sir Arthur Clarke, and the observations of Mr. Wallace.

THOMSON'S LECTURES ON INFLAMMATION.

This most excellent and standard work from the pen of the learned and indefatigable Dr. Thomson, of Edinburgh, has already undergone several editions in Great Britain, and we are happy to see a second American edition from the press of Carey & Lea, of Philadelphia. In no work within our knowledge, are the phenomena of inflammation so ably and clearly and accurately described, as in this; in none are its various causes so fully set forth, or its different modes of termination, and the means of promoting either of them, so judiciously discussed. To much study, Dr. T. has added active and extensive personal observation, and he has brought into this volume a great amount of practical intelligence respecting the treatment of every form of inflammatory disease, as well as a lucid view of the general pathological doctrines of medical surgery.

NEW PHARMACOPŒIA.

Some time ago we gave a history of the two irregular conventions held, the one at New York and the other at Washington, for the purpose of revising the American Pharmacopœia of 1820. The issue of the first of these bodies has already been peddled about the country. The production of the last is now before the profession. To the formation of this latter, has been devoted much talent and learning, persevering research, and unsparing attention. It is built on the original work; it is, in fact, the original work amended and improved, brought up to the present advanced state of science, and adapted to the present condition of the profession. There are some errors in the original edition which seem not to have been corrected in this, and some changes have been made which appear to us injudicious,—such, e. g., as reducing, one half, the strength of the wine of antimony, and, one quarter, the liniment of ammonia;—the former certainly vinous enough before, and the latter, if anything, requiring strength and not reduction. The omission of many popular synonyms, such as Epsom salt, Glauber's salt, &c., seem to us injudicious. Other faults of this work might be pointed out, all which tend to show, not perhaps that the edition is still imperfect, so much as the difficulty of constructing a Pharmacopœia which will suit all tastes and the actual or imaginary wants of all practitioners.

We congratulate the faculty in having presented to them a work which is, on the whole, so great an improvement of the original edition, and, so far as we can judge, much superior to any other book of the kind, either foreign or American; and when it is remembered that the labor of preparation has been bestowed gratuitously, as well as ably, by distinguished and learned men, the thanks of the profession, as well as its approval, will doubtless be generally bestowed. As, however, there is another work, between which and that of which we have spoken it remains for the faculty to decide, and as the subject will shortly be brought officially before the Massachusetts Medical Society, it is hoped that practitioners in this part of the country will wait for a fair and open canvass of the merits of both, before adopting either as a standard.

MAGNETISM A REMEDY IN VARIOUS DISEASES.

The following is the substance of a note transmitted by Dr. Keil to the French Institute, at its sitting of the 20th of September, and published in the *Journal de Chimie Médicale.* The Doctor has discovered a mode of preparing magnets much more powerful than any other hitherto in use. The strongest magnets before known were not capable of supporting more than 40 kilogrammes (about 107 lbs. troy), and weighed themselves from 40 to 45 kilogrammes. That exhibited by the author to the Academy, had a power of 150 kilogrammes, and weighed only 20.

In his practice as a physician in Germany, Dr. Keil has made numerous experiments with very strong magnets; and has obtained the most happy results in a multitude of *nervous* diseases, which had resisted the ordinary therapeutical methods. By simply passing his magnets over the parts affected, he has succeeded in curing *gout*, *tic douloureux*, *recent and chronic rheumatic pains*, *epilepsy*, *spasms in the stomach*, *hooping cough*, *nervous weakness*, *rheumatic deafness*, *swelling of the cervical* *glands, menstrual irregularities, headach, convulsive muscular contractions, and toothach.* We give the list exactly as we find it.

As magnetism acts only upon the nervous system, it is without effect when the disease depends upon organic lesion. The author has also sometimes, but very rarely, found it ineffectual where no lesion was apparent.

Numerous acute nervous diseases cease instantaneously upon the employment of the magnet. In chronic cases, it is often necessary to repeat the application once or twice a day, for several days. Should the disease resist the remedy for a month, a cure by the magnet is hopeless.

In healthy individuals, uneasy sensations, and even vomiting, may be produced by passing the magnet over the surface in suitable directions.—*N. A. Med. and Surg. Journ.*

Pressure substituted for Ligature of the Arteries in Amputations.—Dr. Sper has informed the Academy that Mr. Segand, a naval surgeon, amputated the thigh not long ago, and restrained the hemorrhage by making pressure on the axis of the artery, as recommended by Kock. The patient on whom he operated, died a few days afterwards of an accidental complaint. On examination, he found that the vessel was free in all its extent, and contained the rudiments of fibrous coagula.—*Bul. des Sc. Med.*

Spontaneous Salivation.—Dr. F. Petrunti attended a noblewoman, who labored under different affections, and had taken, by his advice, first, strychnine, then Dover's powder, hyosciamus, and ipecacuanha. In two months from the commencement of her illness, she became so excessively salivated, that, for a week, she daily discharged nearly two pounds of saliva. Dr. Petrunti believed that this affection depended upon a morbid action of the nerves. *Observatore Medico.*

Lunatic Asylum.—The work on the site of this projected edifice, which was suspended during the winter, is now resumed, and a long line of foundation stone of hewn granite already tells the observer of the extent and beauty of the future edifice. The generous spirit and lively interest with which such works are accomplished among us, form but a poor argument for the utter depravity of our race.

Whole number of deaths in Boston the week ending May 7th, 21. Males, 9—Females, 11. Stillborn, 1.

Of consumption, 3—burn, 6—dropsy, 2—paralysis, 1—suicide, 1—unknown, 3—hooping cough, 1—intemperance, 1—dropsy on the brain, 1.

ADVERTISEMENTS.

GREAT SYMPATHETIC NERVE. By J. P. Manec, D.M.P., Lecturer on Anatomy and Operative Surgery at Paris. Translated and Corrected by J. Pancoast, M.D. This day received by CARTER, HENDEE & BABCOCK. May 10.

THOMSON ON INFLAMMATION. This day received by CARTER, HENDEE & BABCOCK, Lectures on Inflammation, exhibiting a View of the General Doctrines, Pathological and Practical, of Medical Surgery. By John Thomson, M.D., F.R.S.E., Professor of Surgery to the Royal College, &c. 2d American from the last London Edition. May 10.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover. Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year. *Postage the same as for a newspaper.*

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, MAY 24, 1831. [NO. 15.

I.

ON THE TREATMENT OF HOOPING COUGH.

By Dr. A. T. Thomson, of the London University Dispensray,

In the treatment of hooping cough, Cullen's method of dividing the disease into three distinct classes is highly judicious ; each stage being marked with its characteristic features, which distinguish it from the others, and each requiring a distinct plan of treatment.

In the *first stage*, the treatment must be regulated by the type of the fever. Thus, although bleeding is proper when the excitement is considerable, or when the pulse is hard, small, and quick, and the breathing oppressed, indicating congestion, yet, as it is an acknowledged maxim that the symptoms of spasmodic affections are rather increased than diminished by the use of the lancet, it would be highly injudicious to bleed, unless such symptoms as have been just described clearly point out the necessity of abstracting a portion of the circulating mass. In my own practice, I have seldom had occasion to employ bloodletting; but in some of the cases in which it has been requisite, the necessity was not limited to the commencement of the disease ; and in one distressing case for which I was consulted some weeks since, bleeding, although it did not save the patient, yet greatly soothed his sufferings, and rendered the closing hours of life comparatively comfortable.

Nothing is so likely to produce that state which requires the use of the lancet in hooping cough, as the imprudent exposure of the patient to sudden alternations of temperature ; and therefore, when we consider also how much milder the disease is in warm climates, the propriety of confining those laboring under it to one or two apartments, kept at a medium temperature, must be obvious. The custom of frequently changing the air was founded upon an erroneous view of the disease, and is now, I believe, rarely recommended until the disease has nearly run its course, when the change, operating as a tonic power, rapidly annihilates the cough, which sometimes continues, from the force of habit, in persons of weakened and irritable constitutions.

The early employment and repetition of emetics in hooping cough, is a judicious remnant of the old humeral practice in this stage of the disease. In infants, emetics free the stomach not only of the mucus from the trachea and bronchia, which is brought up in coughing and immediately swallowed by very young patients, but also, in those more advanced in years, they dislodge from it that preternatural secretion of mucus, which has been already mentioned as occurring in this organ; for it is a well-known fact, that, through the connexion of the stomach and the larynx by means of the par vagum, nauseating medicines, rousing the stomach to discharge its contents by vomiting, loosen the adhesion of viscid mucus to the lining membrane of the larynx and trachea. Emetics also determine powerfully to the surface; and when the paroxysms of coughing assume an intermittent character, which is not unfrequently the case, the administration of an emetic at the moment when a paroxysm is expected, breaks the periodic habit, and facilitates the cure of the disease, on the same principle as in ague. I have, nevertheless, seen much mischief result from the frequent repetition of emetics in those of delicate and irritable habits; and when the stomach and the chest consent, if the expression be allowable, and the paroxysms are terminated by vomiting, the exhibition of emetics is not only unnecessary, but highly detrimental.

Practitioners are divided in opinion with respect to the kind of emetic which should be employed. Some imagine that by the employment of squills and other nauseating expectorants, as emetics, a double indication is effected; but as the operation of all expectorants is through the stomach, on which they must produce nausea before the air-tubes can be relieved by them, those emetic substances are the best which are most easily limited in their effects; and consequently ipecacuanha, combined with small doses of tartar emetic, is preferable to every other emetic.

The promotion of expectoration is undoubtedly useful in this stage of hooping cough; but, in very young subjects, it can prove beneficial only when accompanied with vomiting; and, as emetics are not always advisable, other methods have been sought for, to promote this effect. Among these, I have seen the inhalation of both highly-diluted nitrous acid gas, and of the vapor of hot tar, tried with apparent benefit. The former was first tried by Mr. Patterson, surgeon to the Ferton Hospital, and is noticed in Dr. Carmichael Smyth's Report upon Nitrous Acid Gas; but the cases were too few to form a decided opinion of its powers; and in my own practice, I have seen it used once only: in that instance the patient rapidly improved. Mr. Patterson employed it under the supposition that it might neutralize the virus in the air-passages of the lungs, and thence render it inert, in the same manner in which it destroys contagious matter floating in the atmosphere: I used it with the hope of exciting the lungs to discharge the mucus with which, in the case referred to, they were completely choked up. It certainly produced the desired effect; and after the employment of it for three successive days, the most striking improvement took place in the patient, who previously appeared to be sinking into his grave. I have had no other occasion for using the nitrous acid gas in hooping cough, but I feel much disposed to recommend it in similar cases. I have employed more frequently the inhalation of the vapor of tar, in less urgent cases, and can bear testimony to its effects in promoting the expulsion of the glairy mucus from the trachea. I may here mention that I have lately found it equally useful in a very distressing case of asthma. The simplest method of extracting tar vapor is to put the tar in a pipkin capable of holding triple the quantity intended to be used, and placing this in a vessel containing sand sufficiently heated to keep the tar in a state of gentle ebullition: it promotes expectoration, which is followed by sleep, from which the patient awakes greatly refreshed.

In this stage of hooping cough, when the excretions are not duly effected, it is necessary to resort to purgatives; but I must agree with Dr. Cullen in condemning their frequent employment.

In the second stage of hooping cough, which may be regarded as commenced when the febrile symptoms have abated, and the cough returns in regular paroxysms, such as in the cases now under treatment in this Dispensary, the symptoms are to be combated by those medicines which, having sedative powers, allay the morbid irritability of the nervous system, and, consequently, act as antispasmodics. This class of remedies is extremely extensive; and the greater number of the articles which it contains have been, at one period or another, employed in hooping cough; and although each has had its advocates for a certain time, yet many of them, either from the influence of fashion, which has a sway even over medical opinions, or from a conviction of their inutility, have fallen into disuse. The list is still sufficiently extensive; but I will notice those only of which I am able to speak from my own experience and observation.

The first of the tribe of narcotics, opium, has been extensively employed, but has generally been supposed to prove hurtful, by checking expectoration: this is true when opium is given alone, yet, in combination with nitrate of potassa and ipecacuanha, or tartar emetic, I have found it answer every indication. In some habits, its effects upon the functions of the brain stand, certainly, in the way of its exhibition; but in these instances I have found the acetate of morphia prove beneficial; and were this remedy less expensive, it would, with the exception of prussic acid, render nugatory the employment of every other narcotic. I have given it, dissolved in the bitter almond emulsion, in doses of one-eighth of a grain, once in six or eight hours, to children five years old. I have not found the same beneficial results from the use of the lactucarium, or of hyosciamus, both of which have been highly extolled as sedatives in hooping cough.

Belladonna has been very extensively employed on the continent, as an antispasmodic, in hooping cough; and we might, *á priori*, augur well of its power from its general effects upon the nervous system. In Germany, the root of the plant has been greatly extolled. It has been given, in doses of a quarter of a grain gradually increased to a grain, to children under one year of age; in doses of half a grain, at first, to children between the ages of two and four years; and in three quarters of a grain, to those above this period of life. I have had no experience in the use of the root; but my opportunities of witnessing the effects of belladonna have been numerous and satisfactory, and the cases now under treatment here will enable you to verify the opinions I have to offer to you concerning it. I have generally given the medicine, at first, in doses of the tenth of a grain, to children of from two to five years of age; and, to insure the accuracy of the dose, have prescribed in the form of pills made up with crumb of bread, which, as they are small, are readily swallowed in a teaspoonful of pap or gruel. In combination with the extract of belladonna, I have usually prescribed ten or twelve grains of the subcarbonate of potassa or of soda, and half a grain of powder of ipecacuanha, to be taken in an ounce of the bitter almond emulsion, between each dose of the pills. The result of this treatment has been the diminution of the cough, both as to violence and the frequency of its recurrence; and except in a few instances, which I am inclined to refer to idiosyncracy, the plan does not appear to have been productive of the smallest inconvenience. When the dose has been too suddenly augmented, or when too large a dose has been given at first, it dilates the pupil, produces a paralysis of the retina, and a consequent temporary blindness, which continues two or three days after the medicine has been discontinued, but seldom occasions any other unpleasant effect. In one case, however, in which a boy, five years old, had taken the dose intended for his brother of nearly double the age, the head was singularly affected: a state of delirium, not unlike that attendant on mania, supervened; and although the attention could be easily roused, yet the mind immediately relapsed into its morbid state, and continued so for two days and nights, during which there was uninterrupted watchfulness. I generally continue the use of the belladonna, gradually augmenting the dose, until a scarlet eruption cover the skin, when I stop until this disappears. Whilst this eruption is out, the cough ceases, and if it do not soon subside, the habit is so much overcome as to prevent the recurrence of it with as much severity as before.

Digitalis has been given as a sedative in this stage of hooping cough, but with various results. The unsuccessful instances, however, in my opinion, have arisen from the exhibition of the remedy under improper circumstances; nor do I think that the manner in which this powerful remedy operates on the animal economy is generally understood. Digitalis has been given to keep down the arterial action in hooping cough, as well as in mania,—an effect which I am satisfied it produces in neither disease, unless it be given in large and nauseating doses, and unless the arterial excitement be previously lowered. When this has been effected, when the pulse is feeble, and the habit in a state approaching to that of debility or general relaxation, digitalis is a most certain and powerful sedative, calming nervous irritation, allaying spasmodic action, and inducing sleep. The striking effects of this article of the materia medica in mania, first induced me to employ it in hooping cough, and in delicate habits I have found it answer my expectations. The form of the remedy which I have usually employed is the tincture, which I give, according to circumstances, in small doses at first, gradually increased to an extent much beyond what is generally imagined can be safely prescribed. Thus, in hooping cough, I have carried the remedy to the extent of forty drops, three times a day, to a boy eight years of age; and in adults, laboring under mania, I have given it, with the best effects, in doses of 110 drops, once in eight hours, for ten days successively.

Alkalies and the prussic acid act,

nearly in the same manner, on the coat of the stomach, and through that organ on the general system. When taken into the stomach, their first effect is on the nerves of the viscus, the irritability of which they lessen in proportion to the extent of the dose, and communicate this effect by sympathy to the larynx. Prussic acid, in particular, is unquestionably the most powerful antispasmodic which can be employed in hooping cough; and it has the advantage of being equally useful in every stage of the disease,—the due apportionment of the dose and its combinations enabling it to answer the indications to be attended to in every stage of the complaint. Thus, in the first or febrile state, the prussic acid, given in medium doses of one or two minims to children of ten or twelve years of age, in combination with ipecacuanha and nitrate of potassa, moderates the fever; in the second or spasmodic stage, in larger doses, it allays the violence of the cough; and in the last stage, in small doses of a single minim, combined with infusions of bark, it aids the tonic power of the bark, by allaying the irritability of the stomach, and thereby enabling the gastric fluid to be secreted more slowly, consequently in a more natural state, and better fitted for the purposes of digestion. In one of the cases now under treatment, the dose is one minim only, owing to the great delicacy of frame of the child; but in the others, the dose is two minims, repeated every fourth hour.

Musk, conium, the sedum palustre, and acetate of lead, have been used by different physicians, and have been extolled; but I have had no opportunity of forming an opinion as to the efficacy of any of them, except conium, which has rather disappointed my expectations in hooping cough. I am well aware, however, that in the form of extract, much depends on the preparation of the remedy; and even in the form of powder, the manner in which the leaves are dried, and the powder is preserved, will greatly alter its influence as an antispasmodic.

Besides the employment of sedatives in this stage of the complaint, stimulant remedies are also prescribed, with the view of subduing the propensity to spasmodic action in the trachea, by exciting, as Dr. Good remarks, "a general or remote local revulsion." But, unless as external applications, I have had no experience of the value of this class of remedies. The internal stimulants which have been employed in hooping cough are cantharides, ammonia, ether, camphor, myrrh, the herb paris, and the rhus *vernix*. The external stimulants are camphor, garlic, ammonia, oil of amber, turpentine, tartar emetic, and tincture of cantharides, all of which I have seen beneficial, when employed in combination with oil or soap liniment, in the form of embrocations; probably producing their good effects by stimulating the dorsal and cervical nerves, which are those chiefly concerned in the function of respiration.

That period, in the progress of hooping cough, in which the spasmodic state has somewhat abated, and the cough is kept up rather by habit than by the continuance of the operation of that virus which originally produced it, is regarded as its third stage. The frame of the body, and its powers exhausted by the previous diseased action, is morbidly susceptible of every impression which can keep up the spasmodic habit. In this stage, therefore, tonics are judiciously prescribed; and the preference is given to those which produce their effects most quickly, and are the least disagreeable to the palate. Cinchona has been employed for this purpose since the days of Sir John Floyer, who lived in the seventeenth century; it is now superseded by the sulphate of quinia, which can be given to children in the form of pills with as much facility as the extract of belladonna. I have employed the oxide and the sulphate of zinc, nitrate of silver, iron in various forms, and the arsenical solution, as tonics in this stage of hooping cough, and feel some difficulty in determining to which I should give the preference. Perhaps the best of all tonics, at this period of the disease, is change of air; and this, in conjunction with ass's milk and the mucilage of the lichen islandicus, I have seen restore children worn down to skeletons, and rapidly becoming tabial, when no other human means appeared likely to save the little sufferers.

The diet in hooping cough should be of a vegetable and farinaceous kind, until the second stage of the complaint be over; after which, light animal food may be allowed.

I have only further to notice that the hooping cough is said to be cut short, in its progress, by vaccinations on the third week after the commencement of the hoop. This method of treatment was first suggested in Germany, and its efficacy is said to have been lately confirmed in America. Allowing that the observations of this influence of vaccination be correct, the remedy must always be of very limited utility, as it is not likely that vaccination should be delayed, with the risk of smallpox being taken in the interval, in order to keep it in reserve as a remedy in hooping cough.

II.

EXERCISE OF INFANTS.

A PROPER attention to exercise is not less important during the early periods of infancy, than in after life. Upon it depends, in no trifling degree, the health of the little being, as well as the proper development and freedom from deformity of every part of its body. An infant is, however, from the very state of its organization, unfitted to sustain any very active exercise. Its bones and muscles are as yet incapable of bearing the weight of the body, and of course all the exercise it can enjoy is that which is communicated to it by its nurse or attendant. The earliest species of exercise to which children are submitted, is that of rocking in a cradle. Without objecting to the motion thus communicated, when it is gentle and not too long continued, or too frequently repeated, we must be permitted to say that under opposite circumstances it is more or less injurious. It is especially so when resorted to immediately after the child is taken from the breast, or for the purpose of composing it to sleep when restless or fretful. The best exercise for a young infant is obtained by allowing it to amuse itself upon the nurse's lap, and by carrying it frequently about in the arms. When sufficiently old to be attracted by surrounding objects, taking it frequently into the open air, especially in the country, during the milder seasons of the year, has a highly beneficial influence. The freshness, beauty and variety of the scenes of nature, are highly attractive even at a very early period of life, and the impressions resulting from them are always of a salutary kind. In carrying an infant, some important precautions are necessary. The back bone is at this period almost entirely composed of a soft yielding substance, that is incapable of supporting the head and other parts which rest upon it, in the erect position of the body. To prevent deformity, therefore, a young child should not be held in a sitting posture upon the arm of the nurse ; it ought always to be carried in the arms in a half-lying position, so that the head, and every part which bears upon the spine, receive a proper support. In delicate infants, a permanent bending of the body to one or other side, has frequently been caused by their being carried for too long a time in the nurse's arms without changing the position in which they are held. To obviate this, the child should be carried, by turns, on both arms.

It is very common to toss a young child up and down, in the arms, held at full length from the body. The action thus communicated is of too violent a kind to be borne with impunity in the early periods of infancy, to say nothing of the serious accidents which may result from it, even when the utmost care is observed. As soon as a child is able to sit alone, placing it upon a soft carpet or cushion spread upon the floor, and allowing it to amuse itself with its toys, is far preferable to constantly nursing it in the arms, or allowing it to be rocked for hours in a cradle.

It is only towards the end of the ninth month, and frequently even later, that it is proper to learn a child the use of its feet. As a general rule, no particular attempt should be made to induce it to walk at an early period ; the bones not having acquired a sufficient degree of solidity to support the body, every effort to place the child upon its feet is calculated to produce considerable and permanent deformity, and so far from promoting, to retard the growth of the body. In learning a child to walk, it should be left entirely to its own efforts ; all artificial support is injurious : as generally applied, this support has a tendency to produce an unnatural elevation of the shoulders, while the infant, depending upon it almost alone for the support of its body, is accustomed to bend too much forward, or to one side. By this may be laid the foundation of a permanent deformity, or at least of an ungraceful gait, which it is often impossible, in after life, to correct. All that need be done to induce a child to walk at the proper period, is to place it upon a carpeted floor, and to present to it at a little distance some attractive object : the desire of obtaining this will overcome the fear of falling, which is experienced in first attempting to walk alone ; and in a very short period the tottering and uncertain step which is then exhibited, will give way to a firm, confident, and upright carriage. Even after it has learned to walk, a child should not be urged to use its feet for too long a period at a time. The powerful and novel action into which the several muscles are thrown, produces very quickly fatigue, while it is to be recollected that the bones are still easily bent, when they are called upon to sustain the weight of the body, and the force of the muscles, for any length of time.—*Journ. of Health.*

III.

ACCOUNT OF THE EPIDEMIC SCARLATINA ANGINOSA.

By Dr. Callaghan, of Pittsburgh, Penn.

Scarlatina Anginosa appeared in this city in the month of May, 1830, and continued to January, 1831, extending its ravages throughout the entire mass of the population. Few families have escaped its visitation, and many have to lament the loss of one or more of their juvenile members. The crowded and ill-ventilated sections of the city suffered most—hence the poor, as in most other epidemics, have been the principal sufferers. The disease was for the most part confined to children from one to ten years of age. It commenced with the setting in of the warm weather, about the middle of May, the thermometer ranging from 50 to 72 deg., with southerly winds and frequent showers. The first characteristic symptoms of the disease, were general lassitude, want of appetite, hot skin, furred tongue, pain in the head, pain in the small of the back, nausea, lips dry, teeth encrusted, swelling of the tonsils, hoarseness, slight cough, difficulty of deglutition ; about the second or third day, the cutis covered with a scarlet-colored eruption ; restlessness ; thirst ; pulse varying from 100 to 140, sometimes fluttering and irregular ; eyes suffused ; rigidity of the muscles of the lower jaw ; indistinct articulation ; drink returning by the nose ; in some cases, ulceration of the tonsils ; delirium; inability to bear the light; swelling of the extremities, followed by pneumonia, but more frequently coma ; dilated or contracted pupil ; rigidity of the muscles of the back; head bent backwards ; convulsive action, and death. In some cases the symptoms were marked with violence from the commencement, and in others the disease was so slight as to require little less than the domestic prescription of families.

This disease, although usually classed among fevers of the continued type, yet had its alternate periods—a remission in the morning, and a still more distinct exacerbation in the afternoon. The duration of the disease was various, from five to twenty days, its violence generally expending itself during the first twelve days. Not a few of the fatal cases were carried off within this period, and some so early as the second, third, and fourth days from the first attack. With the increase of temperature in the month of June, the disease became more unmanageable and fatal. This held good throughout July and August, the disease increasing both as to numbers and mortality, as we approached the tropical heat of summer. The thermometer ranged frequently above 90 deg., and occasionally rising to 96 deg. in the shade, with southerly winds and dry weather. Vegetation suffered severely, the grass of the fields was burned up, and the average crop of corn was much diminished from want of rain. The disease now spread over several sections of the surrounding country, but with comparative mildness. After passing the autumnal equinox, inflammation and swelling of the tonsils became more severe, and as the cold weather of the latter end of autumn set in, this symptom continued to increase.

The first premonitory signs of the disease now were hoarseness, difficulty of deglutition, and inability of articulation. Severe and active inflammation of the throat, great enlargement of the tonsils, and high febrile action of the general system, of a distinctly inflammatory type. In short, all the characteristic symptoms of cynanche tonsillaris were well marked. A great many adults now became affected with the disease, mostly under thirty years of age, and females were more liable than males. No fatal case has come to my knowledge among adults. In them the cuticular eruption was much less distinctly marked, and most visible on the legs and arms. The extremities were slightly swollen and red, as if from exposure to a cold frosty wind, exhibiting a high degree of vascularity all over the cutis. In a large majority of cases, as well in those that terminated fatally as in those which recovered, the cutaneous eruption exhibited very different appearances. The only permanent feature was the scarlet color of the skin. In some we had a papular, and in others a miliary eruption, giving rise at one time to the report that measles had broke out among us, and at another that the smallpox returned. In some there were a number of red circular spots over different parts of the body, assuming a livid appearance previous to death, and a mahogany color afterwards. This, with the ulceration of the tonsils, which frequently took place, gave rise to the idea that the disease occasionally assumed a putrid character. The glands of the neck frequently swelled and suppurated, particularly in adults, after the cold season set in. In children, swelling of the parotid glands was a common symptom, but suppuration rare. Pneumonic affections were produced in many cases during the cold weather, and several children were cut off from this cause. But of all other causes of death, cerebral affections were the most numerous ; congestion of the brain, inflammation of its meninges, terminating in many cases in effusion. In no case was there any post-mortem examination ; in few cases was it asked, and in those few not permitted.

With regard to the contagious or non-contagious nature of this epidemic, the usual process of reasoning, substantiated by facts, might be adduced on either side. One child in a family caught the disease, and all the others took it in succession. On the contrary, one or more in a family took it, and the others, intermingling with them in every possible way, escaped. Hundreds took the disease who were not within reach of any one of the affected. Persons visiting their relations ill of the disease, returned home and took it—others under similar circumstances had it not. My own opinion is that it was not contagious.

The disease was engendered in, and propagated by the atmosphere, and neither transferred nor transferable from one individual to another. What constitutes that particular state of the atmospherical fluid, capable of giving origin to this particular disease, we cannot say,—all we know are its effects. Our best constructed eudiometers throw but little light on this subject. Numbers becoming affected in succession in any particular family or neighborhood, is only proof of similarity of exposure to the original exciting causes of the disease, and susceptibility of constitution to be acted on by these causes.

During the months of September and October the weather remained dry and warm ; in November we had some rains, with south-easterly winds, and warm weather for the season. December set in with rains, but we had little like winter weather until the latter end of the month. Early in January the winds veered about to the north and north-west, the thermometer sank rapidly to below the freezing point, in a few days it fell to seven degrees below zero. Towards the middle of the month we had a shift of wind to the north-east, with the heaviest fall of snow that has been experienced for a number of years; January 20th, it was from two and a half to three feet deep on the level, the thermometer at and below zero, with the wind at north-west. The permanently cold weather gave the first check to the disease. Numbers of adults now laboring under cynanche tonsillaris, with a high degree of inflammatory fever.

The treatment consisted, in the first stages of the disease, in the detraction of blood either generally or locally, or both, the evacuation of the primæ viæ by emetics and purgatives, with the cold affusion, cold bath, or sponging the surface of the body with cold water and acetic acid.

In many cases during the summer months, such was the state of apparent debility before medical advice was required, that the utility of general bleeding was doubtful. In these cases the application of leeches to the head and neck were of signal service. With this useful animal we were but scantily supplied, and I do believe that many lives were sacrificed, not only from a want of them, but for want of a general knowledge of their utility.

After bleeding, the use of as much of the sol. tart. antimonii as would produce an emetic effect, and the cold applications, were recommended, followed by purgatives of the submur. hydrargyri in the younger children; and in the elder, in combination with some of the vegetable purgatives or neutral salts. Soda water was given for drink, and the temperature of the surface kept down by continued sponging. The head was ordered to be shaved, or the hair very closely cut, and kept constantly covered with a single fold of linen wet with acetic acid and ice-cold water. In many cases the fond affections of a mother for the golden locks of her darling, placed an insuperable barrier to this part of the treatment, and ultimately endangered, if not sacrificed, the life of her offspring. In several cases there was a tendency to diarrhœa, with fetid evacuations: purgatives were as necessary in this class of patients as when the bowels were torpid; submur. hydr. combined with pulv. rhei was used generally. If the affection of the throat was slight, an embrocation of equal parts of spt. terebinth., aq. ammoniac, and ol. olivar., was recommended; if severe, a blister was applied immediately. Inhaling the steam of warm water and acetic acid was also advised. A diaphoretic, at bed-time, of pulv. ipecac. et opii, soothed the patient to rest, and procured a relaxation of the exhalant vessels on the surface, which moderated the febrile action. The mouth and fauces were directed to be washed or gargled with the sol. sulph. aluminis, and a few drops of aromat. sulph. acid. On the first symptoms indicating the approach of coma, a blister was applied to the head or the nape of the neck, extending along the spine, or both; the lower extremities immersed in warm water, and the pulv. antim. c. phos. calcis, or the tart. antim., combined with nit. potassæ, given internally. Enemata were of signal service in evacuating the lower bowels and moderating the febrile action. Some practitioners, led away by the theories of the older authors, and parents by prejudices ascribable perhaps to the same source, in some cases imagined the disease to assume a putrid tendency, and exhibited, during the violence of the excitement, wine, cort. cinchonæ, and yeast. To say the least of this practice, it was prescribed for a phantom, and exhibiting a poison.

John Burns, C.M., Regius Professor of Surgery in the University of Glasgow, notwithstanding all his practical acumen and extensive experience, both in his public lectures and in his writings, has inculcated the idea that scarlatina is a contagious disease, (vide Principles of Midwifery, page 542.) I have seen it prevail extensively in Europe in the most crowded populations, and I have seen it here, and must confess I never saw anything to warrant such an opinion. The numbers which have been cut off in this epidemic must be considerable, but as no records are kept, we can give no account of the amount. Recoveries were often lingering; in many cases the sulphate of quinine acted as a valuable tonic, in restoring to an enfeebled frame the wonted vigor of health.—*Amer. Journ. of the Med. Sciences.*

IV.

INTERESTING CASE OF CROUP.

To the Editor of the Boston Med. and Surg. Journal.

Sir,—Believing that the following case of croup, treated with opiates and antispasmodics, lately recommended in your Journal as practised by Mr. Kemble, may give more confidence to the plan, and induce others to make a trial of it, who have been disappointed in the usual remedies in such cases, I offer it for insertion in your Journal.

A son of Mr. P., of Roxbury, aged 3 years, remarkably fat and plethoric, was attacked with croup early on Thursday morning, Jan. 14th. An emetic was administered, and followed by 10 grs. of calomel, and the warm bath. Partial relief was obtained through the day, but at night the respiration became worse, and continued without improvement in the morning. 15th. The breathing was now constantly stridulous; heaving of the chest; pulse full and frequent, with profuse perspiration. I commenced with one grain of calomel and one of Dover's powder, alternately every hour, with a teaspoonful of the mixture recommended by Mr. Kemble, which contains twenty drops of laudanum and two drachms of valerian in two ounces of Syrup of Squills. This treatment was continued through the day and night: a blister was also applied to the throat. 16th. No amendment: the case was now considered hopeless; the lungs and trachea were obstructed with mucus, and the peculiar croupy sound constantly present in the respiration. As the mixture was not retained on the stomach, it was omitted, and the calomel and Dover's powder continued every hour. 17th. The opium has produced continued sleep; there is less whistling in the respiration, and occasionally he is entirely free in his breathing, but the cough retains the same peculiarity so indicative of the disease. 18th. Entire relief; respiration free and easy; the cough, however, remained sharp and dry for several days, and then disappeared.

I was particularly struck with the success in this case, from having lost a child with croup in the same family, and of the same age, three years before, who was not attacked in a more violent manner. The treatment was then commenced by emetics, and a free bleeding from the jugular and by leeches, and the continued exhibition of calomel *without opium* ; the effect of which was to prostrate the vital powers, and to deprive the patient of the assistance of those functions which tend to support life. The inference was irresistible, that the success in the present case was to be attributed to the difference in the treatment.

Yours, &c.
S. D. TOWNSEND.
Boston, *May*, 1831.

MEDICAL JOURNAL.

BOSTON, MAY 24, 1831.

THE TREATMENT OF CROUP.

TIME immemorial the Croup has been treated antiphlogistically—time immemorial it has been an exceedingly fatal malady. In proportion to the number of cases, it has surpassed in fatality every other disease of infancy or childhood. To the truth of this fact, the observation of the faculty in all countries, and the sad recollection of many parents, and their still sadder dread of, and despondency on the approach of the disease, bear full and frequent testimony.

Under these circumstances, an English surgeon, by the name of Kemble, was led to believe that the established pathology and consequent principles of treatment of this disease were erroneous ; and, after much scrutiny, was enabled, as he thought, to detect the error. Placed in a situation which offered unusual opportunities for testing the truth of his hypothesis, he gave it an ample trial, and became convinced, by the best of all reasons, of its correctness. Living in a district where the croup is unusually prevalent, and, from his success in treating it, having seen more cases than commonly occur in the practice of one person, Mr. Kemble is still enabled to say that he has scarcely seen a fatal case since his method of cure has been adopted, nor heard of one in the practice of other medical men who have followed it.

About a year ago, we published in this Journal a detailed account of the views of Mr. K., and it is therefore unnecessary to repeat it here : suffice it to say that he regards the disease as *spasmodic ;* never bleeds or blisters his patients, but treats them with opium, valerian, &c., as described in this Journal, vol. 3, p. 25.

Since our publication of this account, many of our friends have adopted the same plan, and, so far as we can learn, with uniform success. One of these cases, treated by Dr. Ware, we gave to the profession in our last volume ; and the particular attention of the reader is now solicited to that of Dr. Townsend, published to-day. Dr. T., besides saving the life of his little patient, will doubtless, by publishing his case, be the means of preserving the lives of many more. Is it not as solemn and imperious a duty for a physician to make known to the faculty cases illustrative of the efficacy of particular modes of practice, as it is of any man to stretch forth his hand, when he has the power, to save a fellow-being from drowning, or rescue him from the flames?

HUNGER AND THIRST.

That the sensations of hunger and thirst form a most wise and benevolent provision of nature, and that their final cause is to secure to the system its proper supply of nourishment, there can be no doubt. The immediate or proximate cause of these sensations, or why inanition should so affect the gastric nerves as to produce pain, is a point more difficult to determine. By some, hunger has been attributed to the collapse of the stomach, and the contact of its internal surfaces. Others have supposed that a spasmodic contraction of the organ took place; and others that the generation of some acid produced this sensation. These explanations are evidently too loose and hypothetical to afford any satisfaction. The discovery of the gastric fluid, and the examination of its properties, certainly furnish the most plausible mode of accounting for hunger. That such a fluid is secreted by the stomach, and that it possesses very active properties, is proved,—1. By the power which this organ possesses to dissolve the hardest substances, such as ivory, stone, and iron; and this, not only in animals who feed on such discordant diet, but even in men, who, from depraved appetite, or for show, have chosen to try such experiments on themselves. 2. Because this power is, to a considerable extent, independent of the mechanical force of the organ. Tin cases, inclosing pieces of bone, have been introduced into the stomach of a buzzard; and on removing them, the bones have been found, to a quarter or less extent, dissolved by the gastric fluid. 3. This fluid has been obtained out of the body, and in this state has been found to exhibit decided antiputrescent and stimulant properties. 4. Mr. Hunter satisfied himself, by inspecting the stomach of men and animals after sudden death, that the organ is, in these circumstancas, acted on and corroded by the gastric juice—being, in fact, subjected to the process of digestion.

From these facts and experiments, it seems not extravagant to infer, that this fluid, when secreted by the empty stomach, may exert sufficient influence on the nerves of this organ to produce a distinct sensation, and even to act upon its texture, if no aliment be furnished to supply the demand. There is, however, a more direct proof that such action occurs, derived from an experiment of Dr. Wilson Philip. In this case an individual fasted for twenty-four hours, and at the end of that time, instead of taking food, swallowed an emetic. A fluid similar to the gastric juice was thrown up, and the sensation of hunger immediately ceased. Dr. Philip seems to consider this a conclusive experiment in favor of the influence of this secretion; and it is not easy to deny the fairness of the inference. It has been said, indeed, that nausea produces a similar effect without the action of vomiting. This may be reconciled with the theory, by supposing the secretions of the stomach to be increased in quantity, and the fluid in question to be thus diluted. Water, though it furnish no substance on which the gastric juice may exert its power, will yet abate the sense of hunger; and this effect may probably happen in the same manner. It has also been urged, as an argument against the action of the gastric fluid, that mental emotion will banish the sensation of hunger, independently of the removal of any fluid from the stomach. The effect of sudden joy or grief in producing this effect, is well known. He must possess a disposition truly stoical, who, after hearing of the death of a friend, or even after welcoming one home who had long been absent, can sit down and finish a meal with undiminished appetite. Facts of this sort, tending to show that the passions exert a direct control over this sensation, are abundantly numerous. They are, however, by no means conclusive against the gastric fluid as its proximate cause. To reconcile them with this hypothesis, it is only necessary to admit that the sense of pain may be relieved by strong mental excitement, independent of the removal of its physical cause; and of this, such abundant proofs exist in the animal economy, that it is scarce necessary to cite them.

It deserves our notice, that where appetite has been removed by the means just alluded to, the powers of the stomach are impaired in a corresponding degree; for if food be taken into the organ when thus affected, it remains there undigested, and produces a feeling of oppression and surfeit. We explain this by saying that the nervous energy is transferred elsewhere; an expression not very definite, but which implies that certain processes are incompatible, and cannot well go on in the system at one time. The truth of this principle is manifested by various phenomena. When a meal has been interrupted for fifteen or twenty minutes, we find, on returning to it, that the appetite has disappeared; a fact which may be owing either to the change in the gastric fluid by the food already taken, or to the circumstance that other processes have commenced inconsistent with the primary action of the stomach on the food. A more unequivocal instance of this concentration of nervous energy, is found in the process of digestion after a full meal, during which the skin is cold, the body sluggish, and the mind unfitted for strong exertion; so that, in persons of a feeble constitution, a few moments of repose are generally indispensable.

Besides the healthy hunger, which can be gratified by an infinite variety of sapid and digestible substances, there are numerous kinds of morbid craving, which demand particular articles of diet, and, in many instances, substances wholly indigestible. It is to this last kind of appetite that the epithet morbid is commonly restricted, though, perhaps, strictly speaking, a healthy appetite is that which dictates no choice among substances possessing sapidity, and able to afford nutriment. In civilized society, however, our appetites seldom possess this primitive simplicity; it seems to be the joint portion of the savage, who knows no distinctions, and of the philosopher, whose mind, engaged in higher contemplations, has learned to disregard them. While appetite, however, is confined within the limit of digestible articles, we are content to call it healthy, retaining the epithet morbid for those remarkable aberrations in which substances are ardently desired which are incapable of contributing to the nourishment of the system. Whether the varieties in taste for food depends on any corresponding difference in the secretions of the stomach, cannot with any confidence be determined. That their final cause is the same with that of appetite in general, namely, that the stomach may have furnished to it the articles best suited to its condition, there can be no doubt. Even in regard to morbid appetite, there are some singular facts which manifest that these strange propensities are not without their use. Thus, a fondness for chalk has often been observed to accompany acidity of stomach, which required the use of absorbents. A custom is well known to exist in many parts of South America, known by the familiar name of dirt-eating. It is very fully described by the celebrated Humboldt, who attributes it to a disordered state of the digestive organs. The same affection exists among the blacks of Jamaica, where it is known by the name of *mal d'estomac.* We observe in a late paper in the Edinburgh Journal, by Dr. Hancock, of Demerara, that a similar appetite exists among the slaves in that district. The earth which is devoured with so much avidity, is of a clayey or argillaceous character, and of course calculated to absorb the acids generated in the stomach. Dr. H. observes that where this indulgence has been prohibited from an apprehension of its injurious effect, the men, instead of being rendered more healthy by the privation, have become emaciated, and suffered dreadfully from colic; so that it was necessary to permit them to return to its use. There is no doubt, therefore, that, in these cases, an excess of acid exists in the organ, creating a demand for an absorbent; and that by some sympathy, the nature of which we shall in vain attempt to explain, the appetite is made to act the part of interpreter to the digestive system, and to suggest to the mind its wants and necessities.

Of the immediate cause of thirst, we know even less than of that which produces the sensation of hunger. We are apt to refer it, when felt, to the dryness of the mouth and fauces; but this state of the parts will occur without producing the sensation, and the feeling is not always accompanied by the presence of these symptoms. Saline substances, it is well known, always produce thirst. Their action in this way is not well understood; but there can be little doubt that, by exciting the secretions of the alimentary canal and kidneys, they produce a demand in the system for new supplies of fluid, which forms the remote cause of the thirst they occasion. As respects saline cathartics, it is well known that their operation is accompanied by copious discharges of fluid; and the sensation of thirst will seldom be found to follow, unless an evacuation, in one or other of the modes alluded to, has actually occurred. The sensations of hunger and thirst are, to a certain extent, incompatible, though not to the degree which is stated by some authors; it is certain, however, that one or the other always predominates. The sensation of thirst, as well as that of hunger, is materially influenced by mental emotion; the effect of the exciting passions, however, which deaden the latter sensation, is to stimulate and augment the former. Violent anger is always accompanied with thirst; and, on the other hand, it has been remarked that, under the influence of this sensation, all wild beasts and venomous reptiles become more ferocious. Some orders of animals, as mice, quails, and parrots, do not require liquid; and the same fact has occurred, as a rare anomaly, in the human species.

New Analysis of Swaim's Panacea.—The Editor of the American Journal has received an account, from Dr. Rose, of Philadelphia, of an analysis made by him of Swaim's Panacea, in the laboratory and under the superintendence of Professor Hare. In this specimen, both *mercury* and *arsenic* were discovered. The latter article has never before been sought for, we believe, in this celebrated nostrum.

The communication of Dr. Rose, says the American Journal, is accompanied with several affidavits made for the purpose of showing that the matter analyzed was the remains of a bottle obtained from Swaim, by a man named James Hill, for the cure of an ulcer on his leg; that the said James Hill, on the third day after commencing to use the medicine, four wineglassfuls only having been taken, died with vomiting of blood; that the deceased, after taking the medicine, complained that it burned him to the heart; and that the remainder of the contents of the bottle were carefully preserved by his friends, until given for analysis.

Calomel.—Since the discovery of calomel, that article has been reformed by at least a score of successive appellations. In the figurative language of alchemy, it was known by the names of draco mitigatus, aquila alba, manna metallorum, &c. As chemistry grew somewhat more definite as a science, this substance became mercurius dulcis, and mercurius dulcis sublimatus. Under the regime of Lavoisier and his contemporaries, it was a muriate and a submuriate; and after Davy and Gay Lussac, became a chloride and a proto-chloruret. Lastly, as if the *gentleness* of its character was to produce a reconciliation of extremes, the *mitigated* dragon of antiquity has become a *mild* chloride of mercury.

Our notice of Dr. Bardsley's experiments with the new medicines, will be resumed next week.

THE BOSTON MEDICAL AND SURGICAL JOURNAL
IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,
At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover. Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year. *Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, MAY 31, 1831. [NO. 16.

I.

INTERMITTENT HEMIPLEGIA.*

DR. ELLIOTSON has put on record, in one of his clinical lectures, a case of this kind, which is the first he has ever witnessed. Our readers are aware that we have recorded several cases of this description on our pages. We insert the present case for several reasons.

"There was a case of disease of the nervous system presented of a curious character, the first of the kind I ever met with—intermittent palsy. I have read of it in authors, and you will find it mentioned by Cullen as *paralysis intermittens*. Now among all the patients I have ever seen, and these amount to between thirty and forty thousand, including those in various public establishments and private practice, I had never met with an instance of this description. It was a case of intermittent hemiplegia. The man was admitted into Jacob's Ward some time ago, and I mentioned his admission at the time. I gave him no medicine, because I was desirous of seeing whether his account was true or not. I seldom give medicine in aguish or intermittent complaints, till some one in the hospital has witnessed the occurrence of the paroxysms. He staid here three weeks without having a paroxysm. He was, however, a very respectable man, and I did not doubt his account. He then went out of the hospital, enjoined by me to return if his disease reappeared. One day when I came to the hospital, some time afterwards, I found him in the courts, and he said he had been seized with a paroxysm that morning, and he actually was then in a state of hemiplegia of the left side. I saw it myself. I made him walk, and he dragged his leg in a semi-circular way, as patients usually do when they are laboring under hemiplegia, and he could not raise his left arm. It began at ten o'clock, and this was the usual course of the disease. He had told me originally that the paroxysms came on at 10 o'clock in the morning, not every day, but every third or fourth day, and, with a single exception, never after a longer period than that; but, on one occasion, there was an interval of sixteen days. He was 48 years of age, and had been subject to this affection for two years and a half; and the paroxysm would last from three to four hours. But although it only lasted that time, he was not perfectly clear from it through the whole of the day. He never knew the paroxysms begin later than 11 o'clock, or earlier than 10; from 10 to 11 was the regular period, till a week before he had been admitted, when one attack came on at half past ten in the evening—the usual hour, but in the evening instead of the morning. The affection was not more frequent then than when it first began. The man looked sickly, as if he had had ague, but still more as if he had suffered from a hot climate; and it appeared that he had been in the East and West Indies, and that he had had fever both at Bombay and Batavia. He had suffered from dysentery, and when he was in the hospital he had diarrhœa. I do not doubt that this was the effect of malaria—that his hemiplegia was a form of ague. I will not quarrel about words,—you might say it was not ague, because unattended by shivering, fever, or sweating; but I have no doubt it was as much the effect of malaria as ague is: it was merely a variety of the same affection of the system. Supposing this to be the case, and having witnessed a paroxysm myself, I now gave him the sulphate of quinine, and, as the disease was of long standing, I began with a good quantity,—five grains every six hours: this medicine very soon put a stop to the complaint, but not till I had increased the dose to ten grains every six hours, so that he took forty grains in the twenty-four hours. This is the dose that is often required in quartan ague, and the present was a worse form of the disease than quartan, because it occurred on the third or fourth day; and the longer the attacks, the greater is the difficulty of curing the affection, which may be considered as so much the more of a chronic character. It is not a matter of wonder that that large quantity was required. He continued in the hospital from his first admission, on the 13th of October, till the 23d of December,—rather more than three months,—without any other attack whatever, and his health became greatly improved. It is wrong to suppose that malaria does nothing more than produce these particular forms of intermittent disease; it poisons the whole body, and many persons are destroyed by it who never had ague at all, so deadly is the poison. His health, however, regularly improved under the quinine; he became strong, his countenance was better, and altogether he found that he had received very great benefit. However, on the 28th of the same month, five days after his presentation, he came to me, saying that he had had a slight attack, a very slight one, that morning, but still it was an attack, and it occurred rather later than usual, some little time after 11 o'clock. When I saw him, at about half-past one o'clock, it was then nearly gone off. I increased the quantity of sulphate of quinine to fifteen grains every six hours, and if that be not sufficient I shall give him more, as he is to come to me from time to time. I had a person in the hospital who was not cured of ague with less than a scruple every six hours, and therefore I shall not be surprised if that quantity be required in the case of this man; but I have no doubt that eventually he will be perfectly cured, though he may need very large doses.

---

* From the Medico-Chirurg. Review.

"This is a very interesting case, proving that paralysis is not *necessarily* an *organic* affection; that hemiplegia does not necessarily arise from effusion, or from compression of any kind, at least of an organic nature. If any compression do occur in this man, it can only be during the fit, for at other times he is perfectly well; it is entirely, I presume, an affair of *func-*

tion, induced by a particular poison. I have at this moment, in private practice, a very curious case, in which disease has arisen from malaria: it has occurred in a young gentleman about eleven years of age, who lives by the side of the Thames. He had diarrhœa at school, which was allowed to run on; he was, however, taken home, and treated very properly by the gentleman who attended the family, by leeches to the abdomen, and I believe a blister, and all went on very well. He had tenderness just on one side of the umbilicus; he was, however, seized all at once, at a certain hour of the evening, with violent irritation, severe itching, tingling, and redness at the leech-bites, some feverishness, just at the very part where all the leeches had been applied, and every leech-bite became red and swollen. His sufferings were extreme, but, after lasting for a certain time, all these symptoms went away. At the same hour the following evening, the same thing occurred, the leech-bites became swelled and hot, and he fell into a state of general excitement, from, as it would appear, the itching and tingling. The medical gentleman immediately saw him, and thought the attack was of an aguish character; and, as the family lived in a low spot by the side of the Thames, he gave this lad twenty grains of sulphate of quinine, in divided doses, before the time of the next expected paroxysm. The attack came on the next evening, but at a later period than usual, showing that the remedy had produced an impression. It is common for the remedy not to stop the disease at once, but to cause the fits to be postponed. I, however, was sent for, and I told the family that I was quite satisfied that the youth was going on right; that the quinine was the only remedy, and that it must be persevered in at the same doses. The fits were very distressing—indeed, to the family, alarming, and we both agreed that it was better to go on with twenty grains in the twenty-four hours. The next day the paroxysms appeared later and more slightly, and then came on once in two or three days, and still more slightly; he presently became perfectly well. At the end of a month he went out of doors, and was exposed to cold, and from his extreme anxiety to regain the time he had lost from school, for he was a fine boy, a paroxysm came on again, but rather mildly; the medicine was again had recourse to, and the immediate effect was a postponement and alleviation of the next paroxysm, and I have no doubt that if he continue to take the remedy for some weeks, he will not have a relapse. These remedies will not cure the disease unless you give them for some time after the disease has appeared to cease. Sometimes it is necessary to give them for many weeks; sometimes it is necessary to do more than this—to remove the patient from the spot. Just as in syphilis, if a person get cured, and return to the same quarters, the mercury he has taken will, of course, not prevent him from again catching the disease; so a person may be cured of ague, but if he continue to live in the same unhealthy quarters, of course the poison may operate afresh upon him: and as, in syphilis, mercury must be taken for some time after all the symptoms have disappeared, so must quinine *after* ague."

We have seen many cases where paralysis was evidently not the effect of organic disease, but of malaria. One, which we are not at liberty to mention by name, but which we lately saw with Dr. Paris (who will confirm the truth of this statement), is still more remarkable than the case recorded by Dr. Elliotson. A young gentleman, the son of one of the most PUBLIC CHARACTERS in England, travelled, more enthusiastically than wisely, through Italy, during the summer of 1830. The consequence was, a malaria fever, after which he lost the power of *all* the voluntary muscles of the body, from head to foot! In this deplorable condition, he was conveyed from Venice to London, *like a corpse in perfect health.* All the functions went on regularly—intellectual and organic—but all animal power of motion and locomotion was lost. This general paralysis continued for some weeks after his arrival here; and Dr. Paris very judiciously abstained from violent remedies, such as strychnine, &c., trusting to the recuperative powers of Nature. Motion gradually returned—first in the upper, and afterwards in the lower extremities—and we believe he is now walking about, and enjoying good health. Such accidents, though seldom on so remarkable a scale, are every year happening in Italy and other malarious countries, though they are very imperfectly known to the profession of Great Britain.

II.

ON THE STATE OF THE LIVER IN MANY CASES OF ICTERUS. BY M. CORBIN.

ICTERUS is a disease which is very common, but the causes of the yellow suffusion on the skin, are often very obscure. When evident symptoms of gall-stones do not exist, we have nothing but conjecture as to the change in the regular current of the bile. It may be viscid bile plugging up the ducts—or tumors pressing on them—or inflammation of the duodenum—or other causes of which we are ignorant. The disease is not often fatal, and therefore dissection has not thrown so much light on the pathology of the complaint as on that of some others. It has even been discussed in a "CONCOURS" at Paris, whether the liver itself be always the seat of the cause which induces icterus. We know, indeed, that jaundice will suddenly arise from strong emotions of the mind; but surely this must be from derangement of the biliary apparatus. But to come to facts.

Out of 1800 patients in the wards of *La Charité*, between the 1st of January, 1828, and the 1st of April, 1830, 22 were cases of icterus. From this number were excluded all cases of fugitive or slight tinges of yellow on the skin, from temporary bilious affections or indigestion. The cases were all regular icterus. Ten of them were females, and twelve males. Fifteen were cured, and seven died—a very great proportion in the mortality, as compared with experience in this country. Some of these seven became complicated with other severe affections before death—others presented nothing but the jaundice. The following is a concise exposé of these seven cases.

Case 1.—A young man, 22 years of age, died on the 22d of August, 1828, in consequence of smallpox, which had come on a short time after the commencement of intense jaundice. The liver was of a yellower color than usual, and presented brown granulations interspersed in its substance. The biliary ducts were quite free from obstruction.

Case 2.—An old man of 64, entered the wards with jaundice on the 13th of February, 1830, and died of peripneumony of the left lung on the 7th of March. The jaundice had nearly disappeared before death. The liver was of a pale yellow color; but the biliary ducts were free from obstruction.

Case 3.—A female was affected with encysted ovarian dropsy of both sides for six years. She was seized with icterus ten days before her death, and the complaint had become more and more intense up to that time. The liver had been compressed by the ovarian cyst, and was softer than natural. The organ was pale yellow; but no obstruction could be detected in the ducts.

Case 4.—An unmarried female, aged 30 years, had been twice in *La Charité* for liver affection, and ultimately died there on the 1st of May, 1829. During life, the liver could be felt projecting below the ribs, and appeared tuberculated to the touch. There was ascites, and for four months before death, decided dropsy—slight at first, but gradually and regularly becoming more intense.

On dissection, the liver was found enlarged, lobulated, interspersed with round bodies of encephaloid substance, and gorged with bile. Yet the biliary conduits were free from obstruction.

Case 5.—A man, 63 years of age, entered the hospital on the 27th of April, 1828, in a state of extreme emaciation and debility. He had cough, and other symptoms of pulmonary affection; but he complained chiefly of pain in the right hypochondrium, which he said was of long standing. The liver appeared to be considerably enlarged. He was intensely jaundiced.

On dissection, the liver was found to be of great size, and full of tubercles, some of them softened down, and containing a liquid, or soft encephaloid substance. The gall-bladder was enormously distended with green bile. The biliary ducts were entirely free from obstruction.

Case 6.—A man, 65 years of age, entered the hospital on the 15th of November, 1829, with intense jaundice. He was in such a state of prostration, that little information could be elicited from him. It was ascertained, however, that the jaundice was of fifteen days standing. He died three days afterwards.

Dissection.—There was some yellow serum in the cavity of the abdomen. There was redness, but no ulceration in the mucous membrane of the stomach and bowels. The liver rose very high in the right side of the chest, without any apparent cause. It was larger than natural. It was full of tubercles of various sizes, consistences, and colors. The gall-bladder was distended with bile—but the biliary ducts were pervious and quite free from obstruction.

Case 3.—Louis de Moiser, aged 74 years (formerly Counsellor of Embassy), entered *La Charité* on the 24th of February, 1828, his whole surface of a beautiful yellow color—belle coulour jaune. This had been of ten days' duration. He had lost his appetite, was costive, and extremely weak. The urine was green—the liver appeared enlarged. Leeches were applied, and some medicines were prescribed, which appeared to be of use; but on the 9th of March a diarrhœa occurred, and continued for some days—then ceased. After this the legs became œdematous—ascites supervened—and on the 28th of the same month, he died.

Dissection.—We shall pass over the minute details of pathological appearances unconnected with the present subject. The duodenum was united with the liver, or rather with a cancerous mass appertaining to the liver. "Le duodenum fait corps avec le foie, ou plutôt avec une masse cancéreuse qui tient au foie." This mass was the size of one's fist. The nature of it is somewhat obscurely described. It included part of the pancreas, the biliary ducts, the cervix of the gall-bladder, and a portion of the concave surface of the liver. The biliary ducts were annihilated—or, at all events, totally impervious. The gall-bladder was converted into a solid mass, somewhat resembling the substance of the cancerous tumor above mentioned. In its centre was found a small quantity of inspissated bile. The liver itself was studded with encephaloid tubercles. From each incision made into its substance, a quantity of aqueous bile issued forth.

Remarks.—We agree with the author of the report, that in only the last case is there a mechanical obstruction to the flow of bile in its natural course to the duodenum, and consequently an unequivocal cause of the icterus. But we much doubt whether an accurate examination would not have detected mechanical obstructions to the course of the bile in some of the other cases. A canal may be obstructed by the contiguity of a tubercle, without the obliteration of that canal; and in this way we have no doubt that many instances of jaundice are produced.—*Archives.*

III.

REMARKS ON GALACTIRRHŒA.

To the Editor of the Boston Med. and Surg. Journal.

Mr. Editor,—Should the following facts and observations seem to you to possess any interest, I should be happy to have them appear in your valuable columns.

Yours, &c.
Edward G. Davis.

The disease which consists in an undue secretion of milk, does not appear to have received the attention which it deserves, either in general treatises, or in works particularly devoted to the practice of midwifery. Good, who everywhere possesses the merit of an accurate compiler, divides his genus of galactia into five species, founded on the premature appearance of the secretion, its deficiency, depraved character, its transfer to unusual organs, and its appearance in males. Of these, the galactia præmatura, or the appearance of milk before labor, is the only one in which the secretion is morbid by excess, and this may be regarded, in fact, as a variety of the disease in question. More properly, however, the term ought to be restricted to express an excessive flow of milk after this process has been terminated. This may happen either at its first appearance, at a later period during lactation, or at the time when this function ought, in the course of nature, to terminate. The first is, I believe, not very common, as the secretion usually comes on by degrees, and its amount is likely to be regulated by the demand which is made on the part of the infant. I have, however, not very long since, met with it in a sufficient degree to constitute a morbid affection. The case was one of a third or fourth labor, and was remarkable for the amount of hemorrhage which occurred during the first stage of parturition, and which was so great as seriously to endanger the patient's life. After the labor was concluded, hemorrhage again supervened, so that entire deliquium followed; and it was only by the persevering use of the methods usually employed in similar emergencies, that the fate which seemed to threaten her was averted. On inquiry, I discovered that the same disposition to hemorrhage had occurred in a previous labor, and that it was followed by excessive secretion of milk, and by inflammation, which threatened to terminate in abscess; so that she anticipated some trouble from that source in the present instance. Accordingly, notwithstanding some previous precaution, the secretion appeared very suddenly and in great quantity; the organs became distended and painful, and though the infant was sufficiently vigorous, I had serious apprehensions of extensive inflammation. By rigid diet and very active purging, this consequence was averted, and on the third or fourth day, the secretion returned to a natural state. That the milk-flow in this case was owing to the previous exhaustion, I cannot well believe, as I should suppose it calculated to produce precisely the opposite effect. My view of the connection between them was, rather that the depletion, which appeared so excessive, was a means adopted by nature herself to diminish, during the first process, the danger and suffering to be apprehended from the second. Whatever explanation may be adopted, however, I am satisfied that the connection was not accidental.

Of excessive milk-flow during lactation, I presume that examples are by no means uncommon. The most frequent, probably, of the remote causes, is the undue stimulation of the organs by unnecessary indulgence in nursing. Such, I am satisfied, was its source in two cases about which I remember to have been consulted. In one of these, the appearance of the patient, a young woman, with a first or second child, was so peculiar, as to furnish at a glance the whole history of the case. The extreme general emaciation contrasted so strangely with the enormous development of the affected organs, as to suggest to the spectator the idea of some morbid growth which had just completed the utter exhaustion of the system. The function of lactation was, in fact, the only one to which the digestive process was able to contribute. The appetite was gone, the thirst constant, and every drop of fluid which was swallowed seemed to the patient to be converted into milk. The termination of this case was favorable, but the particulars of its treatment I have not recorded.

The third variety of this malady, in which the secretion is prolonged beyond the period usually assigned to it, is more frequent, probably, than either of the two former. When the milk is kept, by perseverance in nursing, beyond the usual time, the state, though unnatural, can scarcely be termed morbid. This may indeed be, and often is, practised, without the general health being sensibly impaired. From mistaken fondness, parents are sometimes unwilling to wean their children, until they voluntarily refuse the breast. The longest period of lactation which has fallen under my immediate observation, was three years and some months. In this case, both mother and child enjoyed perfect health,—the latter being furnished, independently of its primitive aliment, with a most abundant supply of more substantial food. A much more serious risk is incurred by those, who, for the sake of the profit derived from the employment, take several children in succession, and keep their milk for an unreasonable period.

Generally speaking, the return of menstruation, or a second pregnancy, is accompanied by a loss of milk, or is regarded as a warning to discontinue the exercise of the function. This, however, is by no means uniform, and instances have occurred in which nursing has been continued through the whole interval between two accouchements, or only suspended for a few weeks previous to the last.

It has been remarked that nursing is longer continued among savage than civilized nations. That the process was greatly protracted in very ancient times, there exist some curious proofs. Of these, I will mention one only, for which I am indebted to Macrobius, as quoted by Sprengel. In the division of human life made by Diocles, a philosopher of the school of Pythagoras, the age of thirty-five months is marked by the fact, that "infans tum incipit lac nutricis horrescere!"

The instances of aberration from the usual order of nature, already adverted to, however interesting in themselves, are of far less practical moment than that where the flow of milk is protracted, when there is no longer any purpose to be answered by its continuance. Where the process of weaning takes place favorably, the inconvenience from this cause is very trifling. Generally speaking, a diminished flow of milk is among the indications of the propriety of this process; and when it has taken place, the secretion usually disappears without inconvenience. If, however, it continue, it becomes an important object to adopt some means for its removal, since, besides the irritation which is occasioned by its presence, the system is prevented from returning to that state on which depends the recurrence of menstruation and pregnancy. The remedies usually recommended in this case, have for their object either the direct diminution of the secretion, or the excitement of some irritation elsewhere, in virtue of which its activity may be lessened. With this latter view, active cathartics are usually prescribed; and this forms, in all cases, an important part of the treatment. For the purpose first mentioned, astringents are often exhibited, and sometimes substances supposed to possess this property are applied externally. In a case which came under my own care, the acids, mineral and vegetable, were found very useful. An article which is not much in use here, but which has been observed abroad to exert almost a specific influence in these cases, is the cicuta. In a very able paper in one of the Journals, by Professor Outrepont, at Wurzburg, are recorded some singular proofs of the decisive effects produced by this substance. In one case, the patient, a public performer, in whom the secretion was very obstinate, and, besides its other inconvenience, proved a serious obstacle to success in her profession, having tried violent purging, &c., with no other effect than that of general emaciation, at length applied to a practitioner, who recommended to her to try a weak infusion of the cicuta. She took the medicine for two days, when the secretion ceased entirely; but an atrophy of the organ followed, and its usefulness was found to have been entirely destroyed. On the occurrence of a second labor, a trifling secretion of milk took place, but disappeared within twenty-four hours; so that neither the patient nor the practitioner had much reason to rejoice at the success of the prescription. In another case, a mother weaned her fourth child at the age of fifteen months. The secretion of milk, however, continued, in spite of every remedy, for four years. Towards the termination of this period, treatment was employed to restore the uterine function, which proved successful; but the milk-flow still continued. She was ordered three grains of the ext. cicut. daily. In a few days the secretion ceased, while a diminution became evident in the volume of the breasts. At the next menstrual period the milk returned, and continued after this process terminated, without sensible diminution. Determined to give the remedy a fair trial, the patient, of her own accord, resumed the extract at the rate of 7 grs. daily. The injurious consequences of this rashness were not long in manifesting themselves. The secretion disappeared, but the breasts were entirely absorbed, and the uterine functions totally ceased. This effect of the cicuta on the glandular system, presents a remarkable analogy to that produced by iodine; and which has generally been thought peculiar to that article. It is also asserted that the effect of cicuta on the breast, like that of ergot on the uterus, takes place only when the organ is in a state of activity; and that when administered at other times, it produces no sensible effect in diminishing its volume. This proposition, however, may well be regarded with some distrust. For the rest, the influence of the cicuta on the glandular system is by no means to be considered a new discovery. Even in the days of Avicenna, it was applied externally to relieve distension of the breast, and to dissipate its secretion. In modern times, its internal use has been extensively resorted to in cases of glandular enlargements. In this view, it was employed with astonishing success by the celebrated Stoerk, at Vienna; and probably no medicine whatever has enjoyed, in affections of a cancerous character, a higher or more durable reputation.

Boston, May, 1831.

IV.

REMARKS ON A CHANGE OF COLOR IN THE VENOUS BLOOD DURING VENESECTION. READ BEFORE THE BOSTON MEDICAL SOCIETY MAY 23, AND COMMUNICATED FOR THIS JOURNAL, BY JOHN WARE, M.D.

A CHANGE of color in the blood during venesection, viz., from the usual venous to nearly the arterial hue, is probably familiar to all practitioners who are in the habit of performing this operation. It has been attributed, by Mr. Dick, in a communication extracted from the Glasgow Medical Journal, into the Boston Med. and Surg. Journal, No. 6, Vol. 4, to the approach of syncope. He appears to take it for granted, that it only occurs when the patient is about passing into this state, and has accordingly framed an ingenious theory to account for the phenomenon.

It would be useless to examine the theory, unless we are first satisfied with the statement of the facts for which it is intended as an explanation; and I suspect few physicians would agree with him in the opinion that this phenomenon is exclusively observed on the approach of syncope. So far as I have ever observed, this change of color has no necessary connexion with syncope. It occurs sometimes where there is not the slightest faintness; and does not always occur even where complete syncope does. In a very large proportion of cases in which the blood in venesection flows freely, its color gradually changes from that of venous, and approaches that of arterial blood. The change begins in a few moments after the vein has been opened, and some time before the system feels the loss of blood.

The following seems to be a sufficient explanation of this phenomenon. During the flow from the vein, the blood passes more rapidly, and in greater quantity, through the capillaries of that part from which the vein is supplied; and consequently the change usually wrought on the arterial blood during its stay in those capillaries, is not completely effected. Hence it passes into the veins without having lost wholly its arterial character, and the more rapidly the flow takes place from the orifice, the more striking will be this appearance.

That the blood does pass through the capillaries in question, more rapidly than is usual, would appear probable from these considerations. The blood is delivered by the arterial extremities to the capillaries, and by the capillaries to the venous extremities (or by the extreme arteries to the extreme veins, if we do not admit the intermediate system of vessels), with a certain amount of force, and against a certain resistance. If the force be increased, or the resistance be diminished, the quantity flowing through these vessels in a given time will be increased. Now the resistance to the passage of the blood into the extremities of the veins, is constituted, in part, by the column intervening between those extremities and the heart—the column, namely, which fills up the vein between them and the heart. A large amount of this resistance is taken off when the vein is divided at the bend of the arm; consequently the capillaries deliver the blood with greater facility to the veins, and the arteries to the capillaries. To go further back still—for the same reason, the arteries of the limb receive a greater amount of blood from the large trunks by which they are supplied. This is in strict accordance with known and acknowledged principles in hydraulics.

Another circumstance contributes to diminish the resistance against which the blood passes from the capillaries into the veins. During venesection, the whole venous circulation of the limb is carried on through the single branch which has been opened. One cause of the slowness of the passage of the blood through the veins, is the excess in capacity of the veins corresponding to a given artery, over that of the artery; as in the vessels of the arm. The resistance to the motion of a fluid is increased in proportion to the number of tubes through which it is made to pass. Hence, when the quantity usually distributed through a number of channels, is made to take its course through a single one, as happens in bleeding, the amount of resistance against which that quantity has to be moved, is proportionally diminished.

These considerations are sufficient to show that, during venesection, the blood is sent into the venous system against a diminished resistance, whilst there is no diminution of the power by which it is sent, and of course that the rapidity of its motion will be increased. Hence, it is probable, from this, as well perhaps as from some other circumstances connected with the operation, that the usual change is not effected on the blood in the extreme vessels; but that it is sent forward to the veins, in a state only partially altered from that in which it was received from the arteries.

It would be easy to test the truth of this explanation by bleeding a person from a vein in each arm, the second being opened as soon as the blood from the first has lost its venous character. If the views now offered be correct, the blood from the second orifice ought to present the usual appearance of that drawn from a vein. If the theory of Mr. Dick be founded in truth, it should, on the contrary, be of the same color with that issuing from the first orifice at the moment in which the second is made.

In a single case in which I have had an opportunity of opening two veins in succession in the same individual, the result corresponded with the opinion here expressed. But I should not be disposed to rest upon a single experiment, and on one too which was made in a light unfavorable for accurate observation. It is to be hoped, therefore, that, whenever the opportunity may offer, physicians will be induced to notice and communicate the result.

V.

PECULIAR AFFECTION OF THE ORGANS OF TASTE.

By Chandler Robbins, M.D.

For the Boston Med. and Surg. Journal.

Within a few months, two cases have come to my knowledge in which the sense of taste on one side of the tongue has been impaired, so far as I could judge, permanently, by want of exercise. It is a generally acknowledged fact, that the muscles are increased in size and strength by use, and lose both power and bulk by idleness. The senses too may unquestionably, by cultivation, have their acuteness and power extended; and the cases referred to, appear to teach that, by want of use, they are capable of being impaired. An *experienced* eye, and an *accustomed* ear, will distinguish objects and sounds imperceptible by organs not habituated to vigorous exertion; and the sequel will show that the same principle will apply with equal truth to the sense of taste.

A lady, who had one of the left molares so far decayed as to be extremely sensible to slight pressure, yet so sound in other respects as to dissuade her from parting with it, became accustomed to throw the entire burden of mastication on the teeth of the right side. Liquids, too, whether hot or cold, were at first cautiously, and at length habitually, passed through the mouth, without coming in contact with the decayed tooth or its immediate neighborhood. This state of things having continued about two years, it became necessary to extract this tooth. When the soreness of the gum had abated, and she began to use that side of the mouth, she was surprised to find that articles of food which were ordinarily pleasant to her, assumed a different and a disagreeable flavor when masticated there. The same was true of tea, coffee, and other liquids; and to this day, which is about a year from the extraction, the sense of taste on this side is both impaired in acuteness, and, what is still more remarkable, fails to perceive the true flavor of whatever is subjected to its action.

I was at first inclined to suspect there was more fancy than philosophy in this lady's account of herself, although, so far as I had observed, she was least of all persons given to vain imaginings; but further observation and inquiry have convinced me that the facts are as above stated; and I am the more confirmed in this opinion by the subsequent occurrence of another case precisely similar in all its details, excepting that it occurred in an old lady, whilst the subject of the former was young.

Boston, *May*, 1831.

MEDICAL JOURNAL.

BOSTON, MAY 31, 1831.

STRYCHNIA AND BRUCIA.

It is well known to the reader that the nux vomica, an article the *power* of which has been understood much longer than its *true value*, was subjected to analysis by those distinguished chemists Pelletier and Caventou, who discovered in it two vegetable alkalies, *strychnia* and *brucia*. Magendie, Delile, and Fouquier, were the first to discover and establish the fact that nux vomica exerts an especial action on the spinal marrow and nerves emanating from it, as well as on the muscles which those nerves supply; and the experiments of Dr. Bardsley with its two alkalies, have been directed to determining the extent to which this virtue may be improved in the treatment of disease.

1st. STRYCHNIA.

The affections in which he has administered Strychnia are, *paralysis, chronic diarrhœa, and amenorrhœa*;—the result of this trial we proceed briefly to state.

1st. *In Paralysis.*—The strychnia was given to 35 patients with this disease. It was usually commenced in doses of one-sixteenth of a grain three times a day, and gradually increased until a grain was taken twice in a day, or two grains in the twenty-four hours. It was usually given in the form of pill with conserve of roses. In the 1st and 3d cases related by Dr. B., we have a very fair illustration of the precise effects attending the persevering use of the remedy; and the active practitioner will ask of us no apology for offering him the details of one of them.

Case 3.—Samuel Ogden, aged 46, admitted 21st June, 1824. He has been paralytic for more than four months, having lost the entire power of the limbs of the right half of the body; and the muscles of that side have not recovered their former bulk and plumpness. He has been addicted to great irregularities in his general mode of living. Complains of pain in front part of the head, accompanied by vertigo. Speech rather inarticulate; memory slightly impaired; urine and feces are both involuntarily and unconsciously discharged; appetite indifferent; pulse feeble; countenance somewhat sunk. Six leeches were ordered to each temple, and a blister to the nape of the neck. To take three ounces of the Mistura Sennæ Composita immediately, and to repeat this dose every three hours until the bowels have been freely evacuated. 23d. Head relieved by leeches and blister. Several copious stools procured by a second dose of the purging mixture. To commence with one-twelfth of a grain of strychnia, in the form of pill, twice a day. 26th. Head continues free from pain; bowels constipated; paralytic parts remain in the same state. Dose of strychnia to be increased to the one-sixth of a grain three times a day, and the purging draught to be exhibited on alternate mornings. 29th. The only effect of the medicine as yet perceptible, is an occasional sensation of heat along the spine. Bowels kept regular by draught. Dose of strychnia to be increased to the one-fourth part of a grain three times a day. 4th July. Slight convulsive twitchings of the paralysed members. Head remains free from uneasiness. Thinks he possesses a little more feeling in the bladder and rectum. Dose of strychnia to be increased to half a grain twice in the day. Slight tetanic symptoms have been present after each dose of the medicine, but they are by no means alarming, or of long continuance. There appears to be some improvement in the affected limbs, for he can now raise both the arm and leg with a little assistance, which he was quite incapable of effecting on his admission. This circumstance affords him great satisfaction, and inspires him with hopes of recovery. Half grain pill to be taken three times a day. 7th. This quantity was more than the patient could bear, as it produced vertigo, stupor, pain at scrobiculus cordis, irregular convulsive startings both of the sound and paralysed parts, tendency to syncope, weak pulse, and extreme debility. The pill was therefore ordered to be given only twice a day. He is now capable of gently moving both the affected arm and leg, and of retaining, during the day, his urine and feces. To continue the pills. 10th. The diseased side improves. To persevere with the pills. 13th. The patient can now move both the arm and leg in several directions, and also support himself in the upright posture, by the help of a stick in the left hand. To have four ounces of wine daily, and to continue the pills. 17th. Yesterday, with the assistance of crutches, he walked more than once across the ward, and he has acquired almost a full command over the muscles of the rectum and bladder. Pills to be continued. Wine to be increased to eight ounces in the day. The pills were regularly taken until the 1st of August, and the patient's amendment appears, from the last report up to this period, to have been progressive. On his discharge, he could walk from one end of the large ward to the other by the aid only of a small stick, and the functions of the bladder and rectum were completely restored.

Of the whole 35 cases of paralysis of different parts and in various degrees, 24 were cured, 8 were more or less relieved, 2 derived from the medicine no perceptible benefit, and one left the hospital without a full trial. The length of time which the paralysis had endured, varied, in different cases, from three weeks to as many years; and several weeks constant use of the pills were always found necessary to the development of their full power over the disease.

The results of the experiments made by Dr. B. with this alkali are truly gratifying. The *efficacy* of the remedy over paralysis is clearly established, and, in his opinion, it is destined to prove more serviceable in paraplegia unconnected with spinal disease, than in hemiplegia. It is true there are other remedies which have gained a victory equally signal in similar cases. Iodine has done this, and so has the rhus toxicodendron. But the profession has never before been in possession of any single article which could succeed in so large a proportion of cases as that above stated :—a proportion probably as large as the cases that are curable by *any* means, bear those which are *incurable.* Where the palsy depends on extensive cerebral disorganization—on tumors within the cranium or pressing on the spinal marrow, it would be unreasonable to expect benefit from human skill ; and when we recount the various causes of this affection, and examine into their modus operandi in inducing the disease, we cannot hope ever to be enabled to cure more than twenty-four cases out of five-and-thirty. *It is in such cases of paralysis,* says Dr. B., *as seem to arise from diminished nervous excitement, that the strychnia is particularly indicated.*

The experience of Dr. B. has been confined to this disease as it occurs in *adults.* The activity of the remedy, the infrequency of the affection in children, and the probability of its being produced, when it does occur in such subjects, by more permanent causes, seem to render it inexpedient to make trial of strychnia with infants or children. In all plethoric habits, purgatives and leeches should precede the administration of this remedy, and, during its use, the bowels ought to be kept soluble by frequent laxatives. It deserves to be noticed, that most, if not all the substances which have proved serviceable in paralytic affections, have first evinced their power over the disease by producing convulsive twitching of the part affected. This was uniformly the case in the patients treated by Dr. B. with strychnia. Another uniform effect of this remedy was, to promote the appetite and increase the energy of the digestive function.

2. *In Chronic Diarrhœa.*—The reader will probably recollect a notice, in an early number of this Journal, taken from La Clinique, of the successful employment of Strychnia, by M. Recamier, in Chronic Diarrhœa. Before that time, it seems, the remedy was in trial at the Manchester Infirmary. Six cases are related in the work before us, and in all of them the disease was cured by this medicine, after other means of restraining it had been tried in vain. From an accurate note of many cases, it appears to be the opinion of Dr. B. that its efficacy, in such cases, depends on its power of restoring the tone and energy of the digestive organs ;—that it ought not to supersede the common remedies for this affection ; but in cases accompanied by no inflammatory

symptoms, and where other and established modes of treatment have failed to effect a cure, it may be advantageously, and sometimes successfully, administered.

3. *In Amenorrhœa.*—In this, as in the preceding disease, Dr. B. refers his successful exhibition of strychnia to its power of restoring the *tone* and *vigor* of the system, and of stimulating the vessels of the uterus. Of 12 cases of *suppressed* catamenia, this alkali was perfectly successful in 10, and the other 2 patients were relieved by it. The disease, in some of these instances, had existed one or two years.

In all the details of Dr. B., we remark the uniform effect of the strychnia in improving the appetite and the general health,—a circumstance which it is important to bear in mind in selecting the cases which call for its exhibition. The conclusions of Dr. B. are short and practical: we offer them in his own words.

First, that strychnia, *cautiously administered*, is a safe and useful remedy in paralysis. Secondly, that it will *occasionally* be found serviceable in *chronic diarrhœa and amenorrhœa.*

Since the publication of Dr. B.'s book, some further investigations respecting the operation of strychnia have been made by Dr. A. T. Thomson, of London. By two experiments on dogs poisoned to death, the one by half a grain and the other by three grains of this alkali, he ascertained that it exerts, in these animals at least, no effect on the circulation of the encephalon. On dissection, all the vessels of the brain were found in a natural state. The ventricles of the heart were "enormously" distended; the veins were enlarged, and the arteries very much contracted. From these experiments, Dr. T. concludes that we need not be deterred from using this remedy from an apprehension of any injury to the head, and that venesection would probably give relief in case of an overdose having been swallowed.—He bears the testimony of his own experience to its power of curing paralysis, and prefers administering it in solution with vinegar, to giving it in pill. His formula is as follows:—

R. Strychniæ, gr. ij.
Aceti Distil. ℥ss. Solve.

Of this solution, about 20 drops may be given twice a day, in an ounce or two of Infusion of Orange-peel.

2d. BRUCIA.

This alkali was used by Dr. B. in several cases of paralysis, but in no other disease. It was found to correspond, in its effects, very nearly with the other alkali. It is however milder, and may be commenced in doses of one grain twice a day, and gradually increased till two grains can be taken four or five times in the twenty-four hours. Dr. B. thinks that, from its comparative mildness, it is better adapted than strychnia for *paralytic attacks accompanied with much cerebral disturbance.*

Should vertigo, vomiting, sinking of the pulse, or other unpleasant symptoms, follow too free a use of either of these alkalies, the medicine should be immediately discontinued, and the above-named symptoms combated by the free administration of active stimulants, as brandy and ammonia. The medicine may then be resumed in smaller doses.*

New York Medical Mansion.—Jacob Lorillard, at an expense of $100,000, has erected extensive buildings, with this appellation, on the old state prison grounds, in the upper part of the city of New York. The establishment occupies about two acres; the main building (of three stories) which connects two wings, is 60 by 65 feet, and the wings are 150 feet by about the same in breadth. Twenty-eight rooms are now finished and furnished, and there is space sufficient to complete sixty rooms in addition, as soon as circumstances require them. Those finished are warmed by stoves, so ingeniously constructed that they may be heated to admit any temperature required. Cold, warm, and vapor baths, are provided in a manner convenient to the invalid. No person can be introduced into the Medical Mansion without proper recommendations—and the charges, which are reasonable, are made more for the purpose of supporting the establishment, than for a source of profit to the owner.

Death by Fright.—A case of very novel character was brought before Alderman Binns, of Philadelphia; the particulars of which, as far as we could learn them, are these:—A little black boy, named Isaacs, had been employed on Thursday to sweep certain chimneys in the theatre: on his descent from one, a man, named Wilkins, who was rather intoxicated, undertook to frighten the little fellow; for which purpose he produced a *rope*, which he said was the one used to hang Porter. He exhibited an old *coffin*, and shook at the lad some *skull bones*, and committed other unbecoming fooleries, until the boy became so frightened that he fell into violent fits. The master of the boy entered a complaint before Alderman Binns, who, after hearing the case, held the accused to bail. The next morning, it was made known to the magistrate that the boy was dead. Mr. Binns immediately issued a warrant, and committed Wilkins to prison. The Coroner's jury, we understand, brought in a verdict upon the lad—"died suddenly by some cause unknown." Wilkins will probably have a re-hearing.

Members of the Massachusetts Medical Society are informed that their annual meeting will be held tomorrow, June 1st, at the Society's Rooms in the Boston Athenæum.

The communication of Dr. P. came too late for this week, and must be deferred till our next.

The next No. of this Journal will probably be a double one, and, if so, will not be published until a fortnight from to-day.

Whole number of deaths in Boston the fortnight ending May 20th, 36. Males, 13—Females, 16. Stillborn, 7.

Of consumption, 4—inflammation of the liver, 1—palsy, 1—suicide, 1—stoppage in the bowels, 1—apoplexy, 1—burn, 2—debility, 2—hip complaint, 1—lung fever, 1—dropsy in the chest, 1—unknown, 2—childbed, 2—old age, 1—pleurisy, 1—dropsy on the brain, 1—fits, 1—inflammation in the bowels, 1—infantile, 2—accident, 1—croup, 1.

---

* We shall next offer the result of Dr. Bardsley's observations with the Acetate of Morphia.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover. Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year. *Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, JUNE 14, 1831. [NOS. 17 & 18.

I.

DR. THOMSON'S HISTORY OF SURGERY AND MEDICINE, WITH AN ACCOUNT OF THE ORIGIN AND NATURE OF THE DIVISIONS SUBSISTING BETWEEN THEM, IN DIFFERENT AGES.

In the history of ancient times, we find nothing which bears any resemblance to that division of the medical profession, which has prevailed in modern Europe. Dietetics, pharmacy, and surgery, appear indeed to have been distinguished from each other at a very early period; but this distinction extended merely to the classification of the objects of study and of the means of cure in diseases, not to the persons who were to employ these means in the practice of medicine. In the times to which we refer, medical practitioners seem either to have practised indiscriminately all the branches of the healing art, or to have undertaken only the cure of particular diseases.

In Egypt, each individual disease appears to have had its appropriate practitioner, who was regulated in his practice, not by his own knowledge, experience, or views, but by the medical precepts contained in the sacred books of that country. In deviating from these precepts, his life became the forfeit of unsuccessful practice.

In Greece, so far as we can trust to her traditional or written history, all the branches of the healing art appear to have been exercised indiscriminately by those who were bred to the study and profession of medicine. The writings of Hippocrates, Galen, Ætius, and Paulus, contain many incontrovertible proofs of the very great proficiency which these authors had made in the knowledge of surgery; a knowledge in many respects so accurate and particular as could have been attained only by practice.

Medicine does not appear ever to have been much cultivated, or to have risen into any sort of reputation, at Rome. Before the time of the Cæsars, it most commonly was regarded as an ignoble profession, and practised only by slaves, freed-men, and foreigners. Celsus, whether a practitioner or not, seems to have studied carefully, surgery as well as physic, and accordingly his descriptions of chirurgical diseases and chirurgical modes of practice, like those of the Greek practitioners, from whom he has professedly borrowed so much, constitute not the least accurate and valuable part of his writings.

From the overthrow of the Roman empire till the revival of literature and the arts in Europe, medicine, like many of the other arts and sciences, took refuge with the Arabians. Though prohibited by their religion from dissecting dead bodies, the Arabian physicians appear to have practised surgery in common with physic. In proof of this we need only appeal to their writings, in which we find several diseases and chirurgical operations described, that were unknown to Greek and Roman practitioners.

But though the cultivation of medicine as a science might be said to be wholly in the possession of the Arabians, from the time of the overthrow of the Roman empire till the revival of literature in the twelfth and thirteenth centuries, this was by no means the case with regard to the practice of the art. For, during the whole of that long and dark period, as has been remarked by an acute and intelligent surgeon, the practice of medicine was, in the greater part of Europe, almost entirely in the hands of the clergy, who, by involving it in superstition, found it a profitable employment, and in many instances an introduction to ecclesiastical preferment. Surgery, during this period, was in a very low and degraded condition; even anatomy, the only true foundation of this as of all other medical science, was no where taught, and the knowledge of operations, imperfect even as it had been among the Greeks and Romans, was no longer to be found in papal Europe. So degraded, indeed, was the practice of surgery, that a principal part of it, the care of the wounded and lame, was commonly entrusted to women and ignorant pretenders. Such at least was the state of medical science and of medical practice in the greater part of Europe, when the University of Paris began to assume a regular form under the reign of Louis the Seventh.

The establishment of literary and scientific colleges or universities, forms a remarkable æra in the history of human instruction. These institutions seem to have had their origin in the East, and to have borrowed some of their usages, as well as their form, from the sacred colleges of the priests. In these seminaries, as the classical historian of Charles the Fifth remarks, the course of education in modern times has been fixed; professors have been appointed to teach different parts of science; a regular form of trying the proficiency of students has been prescribed, and academical titles and honors are conferred on such as acquit themselves with approbation.

Of the universities first established in Europe, a few in Italy excepted, the greater part were originally ecclesiastical corporations, instituted chiefly, if not solely, for the education of churchmen. They were founded by the pope, and were so entirely under his immediate protection, that their members, whether masters or students, were exempted from the civil jurisdiction of the countries in which they were situated, and were amenable only to the ecclesiastical tribunals.

But as the improvement of medicine was not the principal object of these institutions, so it was some time before, in papal Europe, this science was permitted to be taught in them. It was not till about the end of the twelfth century, that a faculty of medicine was added to those of divinity, arts, and degrees, in the University of Paris—the source, it may be remarked, from which the other universities of Europe have since borrowed most of their regulations, usages and ceremonies. In consequence of this improvement in academical education, the established teachers began to study and to explain, in their public lectures, the writings of Hippocrates and Galen.

But the novelty of these studies leading many of the clergy to neglect their religious duties, the church found it necessary to interfere, and to emit various edicts, which seem to have been but very imperfectly observed by those for whom they were intended. In one of these edicts, emitted in a council held at Tours, by Pope Alexander the Third, in 1163, it is very openly insinuated, that the devil, according to his usual custom, transforming himself into an angel of light, had, under the pretext of giving assistance to their brethren languishing under disease, seduced many of the clergy out of their cloisters to the study and practice of medicine; and that, as this practice was calculated to involve spiritual men in the affairs of this world, the church found it necessary to ordain, that no one, after he had taken the vows, and made a profession of religion, should apply himself to the study of medicine or civil law; and that if any person did so, and did not return to his cloister within two months after the publication of this edict, he should be shunned by all as one who had been excommunicated. This edict having been sadly neglected, was afterwards repeated by Pope Honorius the Third, about the year 1215, with an additional canon, which ordained that no ecclesiastic should prescribe bloodletting, practise that operation, or be present where it was performed; and that no sub-deacon, deacon, or priest, should exercise any branch of surgery, or give the right of benediction to any who practised the same.

"In consequence of these restrictions, a few laymen were encouraged to apply to the study of physic. But, as the University of Paris would not receive them without a vow of celibacy, most of them became priests when they had finished their studies. The priests being now forbidden to leave their cloisters, were, for the most part, consulted at home. The servants or friends of the sick used to carry their urine, and other excrements, to them, with as good an account as they could give of the indisposition." Nothing, says the author of L'Histoire de l'Origine et de Progres de la Chirurgie en France, a work which has usually been attributed to M. Quesnai, nothing could be wanting to complete the ridicule of physic practised after this fashion, but the act supposed to have been made by Henry II., of France, which ordains, That, upon the complaint of the heirs of persons who die through the fault of their physicians, justice shall be administered as in other cases of homicide; and that the physicians who receive fees shall be bound to taste the excrements of their patients, and to perform to them all manner of kind offices—otherwise they shall be adjudged to have been the cause of their death. After examining with all due care the natural discharges of their patients, regarded even at that time as excellent sources of information, the clerical physicians directed what medicines were to be taken, and, in cases of external disease, what applications were to be employed. In cases of external disease, it was most usual for the priests to send their own servants, who acted as their barbers, to perform what was necessary of manual operation; and hence the first origin of that class of practitioners, so well known since, in Europe, by the name of the Barber Craft or Barber Surgeons. It deserves to be remarked, that, about this time, Pope Alexander the Third had revived the canon first issued by the synod of Carthage, respecting clerical tonsure, or shaving of the head; and that cold applications to the head, previously shaved, formed a very principal remedy in many diseases. From these two circumstances, the number of barbers was of course greatly augmented. Many of them became wholly employed in visiting the sick for the clerical physicians, in performing the inferior operations of surgery, and in examining into, and prescribing for, the diseases of the urinary and genital organs, particularly of the female sex; all of which employments were considered as too indelicate and degrading for the sacred function of the priesthood. The barbers employed in these offices acquired, as may be readily conceived, some slight knowledge both of physic and surgery, and in time also obtained a considerable degree of the confidence of the public. The more important chirurgical "operations, of which very few indeed were then performed, were commonly entrusted to the lay scholars of the universities who had studied physic, but had not been permitted to become members of the medical faculty, not having taken the vow of celibacy. These scholars, however, were very few in number, so that the clergy occasionally intermeddled with this branch of practice, till at length, by two decrees, the first issued by Pope Boniface the Sixth, at the close of the thirteenth century, and the second by Pope Clement the Fifth, at Avignon, soon after the beginning of the fourteenth century, surgery was formally separated from physic. The priests were absolutely forbidden to practise it under pain of excommunication; and the University of Paris, in consequence of these decrees, refused to admit any student into the faculty of medicine who did not abjure surgery." It is from the separation produced by these two decrees, that we ought, I conceive, to date the true origin of the distinction between physician and surgeon, such as it has existed in modern times; a distinction unknown in the practice of the ancients, and for which, after some research, I have not been able to find any better reasons than those which have been assigned, unless, perhaps, we were to expect that maxim, ***Ecclesia abhorret a sanguine***, often expressed in its decrees, it is true, but never, I believe, acted upon, but in this instance, by the church of Rome. This is a distinction, also, it deserves to be noticed, for which we are indebted to men who, though they made little scruple of murdering obnoxious rivals, or of burning reputed heretics alive, regarded anatomy, or the dissection of dead bodies, as barbarous and profane, ignominious to the persons who performed it, and injurious to the character of the deceased.

Some time before this separation had been produced between physic and surgery, medicine was begun to be cultivated with some degree of attention at the famous school of Salernum, in Italy; and the study of this science appears also to have been not a little promoted by several of the Italian universities admitting lay students to equal privileges with the clerical. Some of these lay students became physicians of celebrity; and the clergy, partly from choice and partly from necessity, left the performance of chirurgical operations entirely to them. "Several of these lay physicians passed over into France at different periods, where they practised surgery with considerable success and reputation; but that they did not confine themselves entirely to surgery, is very evident from their writings."

It deserves to be remarked, that the French, however unwilling their historians may be to allow it, seem first to have obtained a scientific knowledge of surgery from the lessons and example of these Italian physicians, who ought to be regarded as the restorers of surgery in modern Europe. They had probably, in their turn, received a great part of the knowledge which they possessed from the Arabians, who had, for some centuries, overrun many parts of the south of Europe. Francis the Second, of Naples, the most enlightened monarch of his age, and who, during a long reign, had resisted the tyranny of the pope, always maintained a strict friendship with that laborious people, and carried on with them, even after he had expelled them from his dominions, an extensive intercourse in literature and the arts. This monarch regulated by an edict, in 1233, the period of attendance, and the forms of examination, necessary to qualify the student for a medical diploma in the school of Salernum, and several other universities of Italy; and, by these regulations, ordained that no one should be admitted a master, or doctor in physic or surgery, till he had studied carefully the rudiments of both arts. It was this edict which seems to have given rise to the titles *Chirurgo-Medici*, or *Doctores Utriusque Medicinæ;* titles which are still preserved in some parts of the continent, but which have never been united in the medical degrees conferred by the universities of Great Britain. Soon after this period, also, Louis the Ninth, of France, commonly called St. Louis, who had accustomed himself to assist in dressing the wounds of his soldiers, first incorporated into one public body the surgeons of Paris. "After the mandate," which I have already mentioned, "of Pope Alexander, had been repeated by Honorius the Third, the clerical physicians more frequently gave advice in the churches, especially in the church of Notre Dame, where the surgeons attended to receive their directions about some of their patients, and to dress the sores of such as resorted to that asylum. At length, St. Louis thinking the surgeons deserving of more respect than merely to be considered as the scholars and underlings of the physicians, formed them into a college, or confrerie, about the year 1268, in honor of St. Cosme and St. Damien; and in the church consecrated to these saints, the surgeons, for several centuries after, were obliged to attend the first Monday of every month, after divine service, to dress the wounded and lame poor, gratis.

"In this manner arose the two classes of surgeons in Italy and France, which have, in a greater or less degree, existed ever since in most countries of Europe,—those who had had a regular education in the schools of medicine, and occasionally practised as physicians, and those who, without any academical education, were originally employed as the servants of the priests, being in fact barbers."

Some of these barbers, on leaving their employers, began to encroach on the regular practitioners of surgery. The number of surgeons who had obtained an academical education, had begun, it is true, to multiply; but, as it was still small in comparison with that of the barbers, these were of necessity tolerated as inferior practitioners. At length, "however, in the year 1301, the barbers were summoned before the Procureur de Roi, or king's attorney, and forbidden to practise till they had been examined by the regular-bred surgeons; or, as they were then styled, *Les Maitres Chirurgiens.* The word *Maitre*, or Master, was equivalent with Doctor; and accordingly the physicians, in the writings of that period, are often styled *Maitres de Medicine*, or Doctors of Physic. The *Maitres Chirurgiens*, Doctors of Surgery, or Master Surgeons, had no specific authority, so that the number of ignorant pretenders daily increased; till at length John Pitard, who had been surgeon successively to St. Louis, Philip the Brave, and Philip the Fair, obtained an edict from the latter in the year 1311, by which he was empowered to assemble with the masters in surgery, to compel all the practitioners in that art to appear before him, in order to be examined respecting their qualifications, to grant licenses to such as were of competent abilities, and to take them before the Provost of Paris to be sworn. The Provost was at the same time authorized to punish all who dared to practise within the city and liberties of Paris, without having first obtained this sanction from John Pitard, or his successors in office. This edict was repeated with some slight alterations by King John, in 1352, and again in 1355, and afterwards by Charles the Fifth, who, while he was regent, had enrolled his own name among the list of master surgeons, and who finally determined, in the year 1372, that the surgery of the barbers should be confined to dressing boils, bruises, and open wounds, which were not mortal, but which might become so without timely assistance."

This community, or college of regularly-bred, or master surgeons in Paris, is the first example, I believe, to be met with in history, of the institution of a medical college distinct from a university; and the great purpose of its erection, it deserves to be particularly observed, was to secure the public, as well as the medical profession, from the dangerous intrusions of rash quacks and ignorant pretenders.

Separate colleges of surgery and physic now began to be established in the different countries of Europe, and attempts were made to ascertain, and to establish by law, the particular limits of these two professions. A very slight examination, however, of the charters granted in different countries, or even in the same country at different periods, to the respective colleges of physicians and surgeons, will, to those who take an interest in inquiries of this nature, suffice to evince, that government, in attempting to fix these limits, had undertaken a task far above its reach; because a task contrary to the decrees and to the intentions of nature. Of course we find that the limits between these two parts of the medical art were perpetually varying, according to the prejudices of the legislators who vainly endeavored to fix them; or, according to the temporary, and but too often selfish interest of those, by whom such charters were obtained. Instead of regarding their charters as barriers wisely placed by the legislature between the public and those who pretended to practise physic and surgery, without having had the advantages of a liberal and professional education, these charters were converted by their possessors into instruments of mutual warfare, and made the subject of endless and most disgraceful disputes.

A slight enumeration of some of the rights and privileges which, at different times, were made the subject of contest by the respective practitioners of physic and surgery in the city of Paris, while it cannot fail to convince of the folly of all such disputes, will also, at the same time, serve to explain the manner in which these two classes of men have, in modern times, been almost always the enemies and rivals of each other.

I have made choice of Paris, in giving this account, because it was, as I have already said, the great theatre of these contests, and the source from which most other countries of Europe borrowed their customs and medical institutions. These contests, however, have not been confined to Paris alone, but have uniformly arisen in every country in which the distinction between physician and surgeon has been confirmed by law; and there is too much reason to believe that they are contests which will continue, in a greater or less degree, so long as separate colleges, or communities, of physic and surgery exist.

The surgeons of Paris, I have stated, were formed, by Louis the Ninth, into a confrerie, community, or college of surgery, about the year 1268, in honor of St. Cosme and St. Damien, and, to distinguish them from the barbers or servants of the priests, who at that time practised surgery, they were denominated *Les Maitres Chirurgiens*, or the Master or Doctor Surgeons, and afterwards Surgeons of the Long Robe, or the Surgeons of St. Cosme. At the time of their first erection into an incorporated body, these surgeons seem to have been possessed of no peculiar privileges or immunities, and their powers were limited to the examination of candidates, and the granting of licenses to practise surgery, to those who were approved of by them. In an act of King John, of 1355, they are represented as forming a *Faculty*—a term by which the different literary bodies in the University of Paris were at that time distinguished. To quicken their vigilance in preventing ignorant or improper persons from intermeddling with the practice of surgery, they were allowed, by an act of the same king, in 1360, one half of the fines imposed upon those who ventured to practise without having a license; and in 1370, King Charles the Fifth, of France, granted them the privilege of exemption from the keeping of guard and watch in the city of Paris. It is obvious, from the terms of this last grant, that the surgeons, in imitation of the different faculties existing in the university, had introduced honorary distinctions, or degrees, into their body; for we find them mentioned in this act as Bachelors, Licentiates, Masters, Graduates, and Non-graduates, in Surgery. Narrow and circumscribed as the powers and privileges of this body were, they appear to have been viewed with a jealous eye by the clerical physicians, who, at that time, formed the medical faculty in the University of Paris, and were consequently more immediately under its protection. It is in this jealousy of privilege, and in the opposition of interest necessarily arising between the surgeons and the medical faculty, that we are to seek for the true origin of the disputes which lasted for several centuries between these two bodies. So early as the year 1390, we find the regularly-bred, or master surgeons, complaining to the university of the encroachments of the barbers, and other ignorant pretenders, who were secretly patronized by the medical faculty; and at the same time petitioning the university to take them under its protection, and to assist them in the suppression of this irregular and empirical practice. After much deliberation among the different faculties in the university, the prayer of this petition was granted, but with this particular condition, "*quod domini supplicantes eisque adherentes tanquam veri scholares non alias essent juvandi.*" By this transaction, the surgeons became the acknowledged scholars and pupils of the university—an appellation which certainly did not imply any inferiority on their part to the other scholars of that institution, nor derogate in any degree from the literary and scientific character, which it ever after was the pride and ambition of the surgeons of St. Cosme to maintain.

A request was made by the college of surgeons, about the year 1486, to be acknowledged as members of the university, with a view to obtain an exemption from the payment of certain heavy impositions or taxes, which were at that time laid upon the inhabitants of Paris. So favorable an opportunity of obtaining some mark of respect from the surgeons, was not to be neglected by the medical faculty; and accordingly we find that the favor which the surgeons solicited was granted, on condition that those who were to be bred to the profession of surgery, should attend the lectures given by the medical faculty in the university. In this condition, also, there was surely nothing degrading to the surgeons. It provided for their better education, by obliging them to study, not only in their own schools, but also in those of the medical faculty. But, instead of being denominated the scholars of the university, the surgeons, in consequence of this transaction, became the scholars of the medical faculty. This distinction, though at first sight apparently trifling, led afterwards to very important consequences. For no sooner almost had the surgeons made this acknowledgment, than they were immediately accused of inattention, neglect, and want of due respect, towards their teachers, the clerical physicians.

About the year 1452, Cardinal Etouteville abolished the law which bound the physicians of the university to celibacy—a measure which had most important consequences to physic, and to those who professed it; for "many of the clerical physicians, thinking there was more comfort to be found in a wife without a benefice, than could be expected in a benefice without a wife, abandoned the priesthood, and were then permitted, of course, to visit their patients at their own houses. They became very jealous of the influence of the surgeons, to whom before they were so much indebted, and tried all the arts and manœuvres that monkish craft could devise, to oppress and degrade them: violent disputes, therefore, frequently arose between these two bodies of men, in which the physicians, being members of the university, and more immediately under clerical protection, generally prevailed. The surgeons, very unwisely, made several attempts to push themselves, as a fifth faculty, into the university, and to make friends for this purpose of the very men who were despising and persecuting them. They appealed to their honor, their good sense, and so on, but as they could not appeal to their interest, the surgeons generally frustrated their own intentions, and only gained the honor of being acknowledged as the scholars and pupils of the medical faculty, and of being occasionally admitted to receive apostolical benediction in the university, from the same lips as their rivals and oppressors, the clerical physicians." But it was among the class of barbers that the physicians endeavored to form a body of adversaries formidable to the surgeons. They encouraged these barbers in private; promised them their protection, and began by giving them secret lessons on an art which they themselves had been strictly forbidden to learn or to practise.

The surgeons complained, in a formal representation to the medical faculty, in 1491, of the protection that was given to the barbers, and of the lessons on anatomy and surgery that were privately read to them by some of the members of the medical faculty. The medical faculty seem at first to have been ashamed of this protection, and of these lessons; for, in their reply to the complaints of the surgeons, they declared, that if any such lessons had been given to the barbers, they were given contrary to the laws and to the wishes of the faculty. Yet, notwithstanding this declaration, the medical faculty, two years afterwards, published a decree, by which they bind themselves to instruct the barbers in the lesser operations of surgery; and for that purpose agreed to give them one of their doctors, or, as he is denominated in the decree, one of the masters of the faculty, to read the chirurgical writings of Guy de Chauliac, and to explain these writings to them in their vernacular tongue, to instruct them also in anatomy, and to practise with them the treatment of boils, tumors, and some other external diseases. By this decree, provision was made for the future education of an order of practitioners, who were to learn surgery in the schools of physic, and who afterwards were known by the name of Barber Surgeons, though that was an appellation which they were not permitted to assume for several years after they had become the professed scholars and dependants of the medical faculty.

In every dispute which arose after this time, we shall find each of these three different classes of practitioners, the physicians, surgeons, and surgeon barbers, constantly striving to advance its own individual interest, to the detriment of the other two branches of the profession,—the physicians uniting sometimes with the surgeons, and sometimes with the barber surgeons, according to the vacillations of interest, or according to the real or supposed influence of either of these contending rivals.

It must not be forgotten, that it was among these three orders of men that the disputes about privilege and superiority of professional rank commenced, which have been perpetuated to our times; and that it is in the prejudices and absurd customs of these men that we are to seek for the maxims by which the opinions and conduct of those who still contend for separate and exclusive privileges in the practice of medicine, are in some measure regulated. The barbers of Paris, in their origin, were the servants of the priests, but in the progress of time they became, like the apothecaries of England, or the surgeon-apothecaries of Scotland, the medical guides of by far the greater part of the community. It was not, however, till about the year 1301, that the barbers were distinguished, in any public act, as a distinct body of medical practitioners. At that period, they became licentiates of the College of Surgeons. They were to be examined by the surgeons, and to be by them declared qualified, before they were permitted to practise any of the lesser operations of surgery. This right of examining and of licensing the barbers, appears to have continued unimpaired with the surgeons of St. Cosme, till about the year 1577, when the physicians, after much intrigue, and many ineffectual struggles, at length obtained the privilege of being present at the examinations of their pupils the barbers; though it does not appear that they ever claimed any right to give an opinion on the qualifications of the candidates, but merely to collect the suffrages of the surgeons who were the examinators. But even with this license, the barbers were not permitted to intermeddle with the management of any important case, unless in accidents threatening immediate danger from loss of blood; and the moment the bleeding was suppressed, they were obliged to give public intimation of what they had done, and to deliver over the patient to the surgeons. Their practice at first was strictly confined to bloodletting, opening small boils, dressing slight wounds, and to the administration of glysters.

It was not till about the beginning of the sixteenth century, that the disputes between the two faculties of physic and surgery in Paris began to assume a regular form, and to be limited to distinct claims on the part of one of these faculties, which were always more or less strenuously opposed by the other. One of the privileges, as has been already mentioned, which the surgeons of St. Cosme had often solicited, and which they were most ambitious to obtain, was that of being acknowledged as members of the university. They had, indeed, been repeatedly recognised as its scholars and pupils; but, in the year 1515, they were encouraged to petition for admission into the university as a fifth faculty. To this petition the university returned for answer, that the surgeons could not be admitted into the university, forming a fifth faculty, but merely as the scholars of the medical faculty, and that, also, only so long as they continued to attend the lectures and other public acts of the medical faculty.

The exclusion of the surgeons from the university became, after this, one of the rights claimed by the physicians, and, of course, one of the grievances complained of by the surgeons. Surgery was no where regarded as a liberal art, and accordingly from this time, for a period of nearly three hundred years, it has either been prohibited from being taught, or no provision has been made for that purpose in the erection of the greater number of the universities established in Europe. Exclusion from the university at that period, however, is not simply to be regarded as the deprivation of a literary honor, for it carried along with it the privation of other advantages, of much more valuable consideration. To say nothing of the taxes and other burdens to which laymen at those times were liable, and from which the members of the university, as belonging to the clerical order, were exempted, it will be sufficient to mention the denial to the surgeons of the right of apostolical benediction. When the principal, or chancellor, as he was then termed, of the university of Paris, at the request of Charles the Ninth, was about to confer this benediction on the surgeons of the long robe, the medical faculty interposed, and emitted the following declaration:—"That this intention of the chancellor was most unjust, because the surgeons were not qualified to receive the apostolical benediction, having never been members of any of the four faculties in the university, nor ever having received certificates from the professors in these faculties;—conditions which had usually been complied with by those who had sought to obtain apostolical benediction, and the degree of a licentiate in any of the faculties; and that it did not belong to the chancellor, nor indeed to any man, without the express mandate of his holiness the Pope, by whom the university was founded, and upon whom it chiefly depended, to introduce any innovation into that ceremony." It is singular enough that the ceremony of conferring apostolical benediction continues to be, even at the present day, and in Protestant countries, the very form by which candidates for medical degrees are constituted licentiates, graduates, and doctors in physic; though the reason, it is to be hoped, for the continuance of this ceremony, is not, in our times, so urgent as it appears to have been at the period of which we are speaking. The historian Riegel, from whom I have taken my account of this transaction, remarks, that the apostolical benediction, in those days, supplied, in the candidates, the want of a knowledge of anatomy, surgery, physic, and philosophy.

Another privilege which the surgeons of Paris claimed as a right inherent in their body, was that of conferring honorary degrees in surgery; and this privilege they continued to enjoy for a period of more than two hundred years. The precise period at which the different universities in Europe first began to confer honorary titles or degrees, is not well ascertained; but it seems to have been a practice borrowed from the mechanical trades: "as to have worked," says Mr. Smith in his Wealth of Nations, "seven years under a master properly qualified, was necessary in order to entitle any person to become a master, and to have himself apprentices in a common trade, so to have studied seven years under a master properly qualified was necessary to entitle him to become a master, teacher, or doctor, words anciently synonymous in the liberal arts, and to have scholars or apprentices, words originally synonymous, to study under him." With what advantages to society this period of study has been abridged in the education of those who are intended for the profession of medicine, I shall not now stop to inquire. Degrees in surgery are first mentioned, so far as I can find, in a grant of Charles the Fifth, of France, to which I have already referred; and many proofs of their having been publicly conferred, with all the ceremonies of the university, might be adduced, were it necessary, from the registers of St. Cosme. Besides the ceremonies which we have retained, it is recorded in the history of these times, that the new graduates, upon receiving their medical degrees, made a present of red bonnets, *des bonnets rouges*, to their teachers, and of gloves to their fellow-students—a part of the ceremony of graduation for the omission of which I do not find that any satisfactory reasons have been assigned. After the union of the College of Surgeons with the Barber Surgeons, which took place in the year 1655, the Medical Faculty endeavored to prevent, sometimes with greater, sometimes with less success, the surgeons from giving or assuming any honorary titles or degrees.

Among the various points which at different times were contested between the Medical Faculty in the university of Paris and the practitioners of Surgery, one would scarcely expect to find the right of publicly instructing their respective pupils; and yet, while anatomy was almost exclusively taught by the surgeons, the physicians, in their turn, uniformly, and most strenuously maintained, that they were the only good, fit, and competent teachers of surgery.

"The absurdity of having surgery taught by one set of men, while it was wholly practised by another, seems almost too gross to need pointing out. Such a plan was probably never thought of in any other profession; and it is, at first view, rather surprising it should ever have been thought of in surgery." But this practice, absurd as it appears to us, and pernicious as it has been wherever it has been adopted, to the progress of surgery, had its origin, like many other customs of modern Europe, in the prejudices and absurd opinions of the church of Rome, and in that spirit of domination, exclusion, and monopoly, by which most of her institutions at that period were actuated.

The dispute with regard to this point lasted for several centuries between the College of Surgeons and the Medical Faculty in the university of Paris. These bodies appointed their respective professors of surgery, and the College of Surgeons were repeatedly interdicted, both by the university and by its holy protector the pope, from teaching publicly the art which they professed.

As a very natural consequence of the right of instructing the surgeons, the Medical Faculty strenuously maintained, that they had a right also to determine the cases in which chirurgical operations are necessary,—to be present at these operations, and to direct, in every particular, the conduct of the operator.

Not only were the surgeons not to perform chirurgical operations except in the presence, and under the superintendence of the physicians, but the medical faculty also contended that surgeons should not be permitted to publish any work, even on the subject of their profession, till it had been examined, and had received the approbation and license of that faculty. In urging this claim they seem to have been more successful; for they actually obtained a decree prohibiting, under severe penalties, the publication of any medical books which had not previously obtained their imprimature. How such a right was likely to be exercised by those who regarded it as a most presumptuous thing for a surgeon to write a book, may easily be conjectured. I shall give only one example of the exercise of this right, in so far as it relates to the writings of the most distinguished surgeon France has ever produced. Ambrose Paré, who has always been considered as the father of French surgery, had the merit of introducing into practice an improvement, the most valuable that has ever been made in surgery, namely, that of tying the arteries in amputation. But this improvement gave great offence to the medical faculty in the university, and particularly to M. Gourmelin their Dean, who was himself an instructer of the barbers in surgery. The right of imprimature, accordingly, was denied by the faculty to a small work of Ambrose Paré's, which contained an account of this improvement. This work could not have been published, nor his improvement generally made known in France, but for a particular license, which, in consequence of his influence at court, Paré obtained directly from the king.

The medical faculty seem to have remained in the possession of this right till about the year 1725, when, in consequence of a great deal of disturbance, occasioned among them by an approbation which had been given, by the celebrated Winslow, to a treatise on the Diseases of the Bones by M. Petit the surgeon, an attempt was made, on the part of the surgeons of St. Cosme, to be permitted to examine, and to give to or withhold their imprimature, from books written on the different subjects of surgery. This attempt excited great alarm among the physicians. Meetings were held, and representations and remonstrances presented against the surgeons. But the surgeons at last prevailed, and the two faculties of physic and surgery now began a new kind of warfare, in the acts of approbation which they gave to the books they respectively examined.

Another point long keenly contested between the medical faculty and the college of surgeons, and one indeed that was not unfrequently made the subject of legal interference, was the right of preventing surgeons from using internal remedies even in chirurgical cases, and from undertaking the management of internal diseases. The Legislature of France made many vain attempts to fix the limits between the two professions of physic and surgery; and mutual concessions and grants made to each other by the contending parties, of particular diseases as a species of disposable property, were not productive of any better effects: for the public perversely persisted in employing those practitioners in whom they reposed the most confidence, without any regard to the faculty to which they belonged, and the practitioners themselves continued to follow that branch of the profession from which they found they could derive the largest emoluments. So strongly indeed did this disposition manifest itself, that the medical faculty was often reduced to the necessity of binding its members by an oath not to practise any of the branches of surgery.

This jealousy of the medical faculty, with regard to the encroachments of the surgeons upon the province of internal disease, showed itself often in very minute particulars. A prescription for some trifling complaint, or a certificate of bad health written by a surgeon, was often adduced, in courts of law, as undeniable proof of a violation of legal charters, and the offender was usually punished by being obliged to pay heavy fines, or to make most humiliating submissions. In the month of February, 1726, the medical faculty made a formal representation, on the subject of certificates for health, to Cardinal de Noailles and the curates of Paris; in which they take great pains to convince that pious and learned body, that the reason why Lent had for some years previous to this been so ill observed, and infidelity had made such an alarming progress, was the facility with which certificates of indisposition could be obtained from the surgeons of Paris, and the too easy exemption from the observance of that ceremony, which the curates had granted to those who produced these certificates. In this representation, the medical faculty state, that they were influenced in making it solely by a regard for religion, never having taken anything for the certificates of health either from the rich or the poor; and request, that the curates would no longer grant a dispensation from the observance of Lent, on the certificate of a surgeon. An order to that effect was soon after emitted by the cardinal, and fixed up in a conspicuous place on the doors of all the churches in Paris. How long and to what extent this order was obeyed, it is of little consequence for us to inquire. It answered completely, for the time, the purpose which the faculty of medicine intended by it, and procured for them, from the cardinal and curates of Paris, as M. Andry, the historian of this transaction, informs us, much praise for their disinterested zeal for religion, their attachment to the laws of the church, and their pious concern for the spiritual welfare of their patients.

But one of the most singular of the many points long litigated between the medical faculty and the college of surgeons, was undoubtedly that which relates to the rightful possession of the services of the barbers. This third body of medical practitioners, in the progress of the disputes of which I am endeavoring to give a slight account, became alternately the enemy or ally of each of the two more powerful contending parties.

It was not till the year 1505, that the barbers obtained the name of surgeons, or were permitted of themselves to practise surgery. For some time, the lessons to the barbers were delivered in their vernacular tongue, though this was contrary to the statutes of the university, and in contradiction to an express agreement with the college of surgeons. At length, however, it was resolved that the lessons should be delivered only in Latin; and this resolution seems to have operated very powerfully in improving the education of succeeding barber surgeons. Though many of the barber surgeons were themselves too old to acquire a knowledge of Latin, this order of the medical faculty must have been a strong inducement to them to have their children instructed in that language; — a circumstance which must, in the course of a very few years, have changed considerably the condition of those who were to become the pupils of the physicians, have broken down in some measure the barriers which separated them from the surgeons, and have gradually paved the way for that union between the two communities of surgeons and barber surgeons into one incorporated body or college, which took place in the year 1655. This union displeased exceedingly the faculty of medicine in the university, who had been accustomed to consider the barbers as their servants. They accordingly presented a remonstrance against it to the king, and in this remonstrance they were supported by all the authority of the other faculties in the university. The case was pleaded with great solemnity before judges specially appointed to try it. In the course of these pleadings, the faculty of medicine contended that the barber surgeons were inseparably connected by two solemn contracts with their faculty; that they owed to it their establishment as an incorporated body, and could not, without ingratitude, forget the favors which they owed to its protection, nor refuse, without injustice, to yield the obedience which they had so solemnly promised.

This union, however, was confirmed by the king in 1660; but with the following limitations:—that the barber surgeons should not assume the titles of licentiates, bachelors, doctors, or professors, and that in their anatomical and chirurgical demonstrations, which were to be given with open doors, they should not wear a gown or a bonnet, ornaments of literature to be reserved, after the publication of this edict, for the professors and scholars of the university. But the medical faculty did not content itself with these limitations. It demanded that all public lectures, theses, and disputations, should be prohibited in the schools of surgery; that the surgeons of St. Cosme, who had become associated with the barber surgeons, should be obliged to obey the conditions of the contracts which had been entered into by the barbers with the medical faculty; that the surgeons should be obliged to learn their art in the schools of the physicians; that the physicians should preside in the meetings of the surgeons, when members were to be examined or received; that the surgeons should not be permitted to instruct their pupils in the theory of surgery; and that the physicians should preside at the anatomical dissections made by the surgeons, so that while the surgeon performed the manual part of the dissection, the physician should prelect and explain. In addition to these demands, the medical faculty insisted that the surgeons should be obliged to take an oath of fealty, and pay annually a small piece of money, as marks of their inferiority and of their dependence upon the faculty of medicine. The resistance of these claims occasioned long and violent disputes, and each party in these disputes, as its influence at court or genius for intrigue was superior, alternately prevailed; till at length, in 1671, Louis the Fourteenth, weary of these useless altercations, but anxious to promote both branches of the medical profession, determined that the lectures on surgery should in future be read at the Jardin Royal by a surgeon, and shortly after gave orders that bodies for dissection and the necessary demonstrations should be freely supplied. "The wars which deluged the continent with blood during the reign of that ambitious monarch, made surgery of greater importance to the public than ever. The increase of anatomical knowledge rendered its operations more sure, more exact, and more successful. It arose, as it deserved, in general esteem; and as Paris was considered as the principal source of these improvements in surgery, which were everywhere visible and everywhere beneficial, the demonstrations in the Jardin Royal were crowded with pupils from all parts of Europe; and in the year 1724, no fewer than five public professors of the theory and practice of surgery were appointed in that school." The effects which this institution has had not only on the state of surgery in France, but in all the other countries of Europe, are too well known to require any explanation.

II.

PROFESSOR PATTISON.

The following account of Professor Pattison, who has figured of late at the London University, and was formerly a medical teacher in this country, is from the pen of a highly respectable practitioner in Manchester, Eng., and was recently published in the Medical Gazette.

It was in 1812, if I am not mistaken, that Mr. Pattison, on the death of Allan Burns, whose demonstrator he had been and intimate friend, succeeded to the vacant chair in College Street. I am able to speak with confidence respecting the estimation in which he was held during three successive courses of lectures, of six months each, which he delivered in the winters of 1814, 15, and 16. His class-room accommodated, but with some difficulty, 128 pupils. I well remember that there never was one seat unoccupied in a single lecture. My impression is, that he was regarded by the students generally as being by far the best teacher of anatomy in Glasgow; at a period, too, when, besides the University Professor, he had the late Dr. George Monteith as a competitor. He was particularly noted for minute and practical acquaintance with anatomy, and especially for his surgical anatomy. His demonstrations on the neck and face are not likely to be forgotten by those who had then the privilege of witnessing them.

Mr. Pattison's manner as a lecturer was inferior to that of his opponents. Monteith was a handsome man, with a graceful delivery; while the other, Professor Jeffrey, is (or was) one of the best-looking men I have seen, and remarkable in his physiological discourses—a branch to which he devoted too much of his course—for dignified and most attractive eloquence. Pattison spoke with a lisp, and his delivery was peculiar and somewhat monotonous, but—I speak in the past tense, for I have not seen him for more than fourteen years—his language was sufficiently fluent, distinct, and impressive; and those who were attentive to the *matter* which he so zealously uttered, as all the students, I believe, were, had no fault to find with the *manner.*

Mr. Pattison is still a young man, in the full vigor of his days. Of course, I cannot pretend to say that he *may* not be changed from what he was when he so honorably filled the chair of Allan Burns. Years, it has been said, teach wisdom. It is strange if he have indeed gone backward in attainments, when the young gentlemen, his auditors, few of whom, perhaps, are half his age, are so forward in knowledge. This is a mystery too profound for me to solve. Perhaps, but I speak with the greatest diffidence, there is one way of accounting for his recent incompetency as a lecturer. Sixteen years ago, students were less precocious and enlightened than they are now. They were modest, diligent, and many of them ardent, in the pursuit of professional knowledge. They formed themselves into clubs, it is true, but it was for literary and scientific purposes. They were then too simple to think of forming "Committees," in order to control and manage the affairs of their Teachers. It certainly, at that period, did not occur to them that they knew as much as their instructers. On the contrary, there were very many who lamented their ignorance, and who trimmed the midnight lamp that they might satiate their thirst for that honorable knowledge, which, in the case of several, with whom I am proud to claim acquaintance, has conducted them to eminence in their profession, and no less to deserved estimation as members of society. This simplicity of theirs—this dawn of intellect, in comparison of the noon-day intelligence of our present illuminated order of students—is doubtless why, in 1815, those who had sat at the feet of Allan Burns could, when he was removed, still listen with deep interest to the accurate anatomical instructions of his friend and successor.

III.

CASES OF DISLOCATION OF THE THIGH BONE, WITH REMARKS, BY THE LATE MR. AVERILL, SURGEON, CHELTENHAM.

Case I.—*Dislocation of the Thigh Bone into the Ischiatic Notch.*

On Tuesday evening, September 2d, 1828, I was called to the hospital, to see Thomas Perry, 6½ years old, whom I found in his father's arms, struggling, and crying very loudly. He was stated to have received an injury to the lower part of the belly, and the thigh, by a person jumping accidentally upon him out of a rail-way cart, and alighting between his thighs. As I perceived he moved both his legs, and as they appeared both of the same length, I conceived it to be only a bruise, and directed him to be put to bed for the night. The following day there was considerable swelling round the hip, and handling the limb occasioned the child a great deal of pain, and caused him to cry loudly. An evaporating lotion was directed to be applied, and aperient medicine was ordered. The next day, the swelling having still increased, leeches were applied, and any attempt to move the limb, or make a particular examination, set the boy crying to such a degree, as almost to cause convulsions. Occasionally, during the one or two following days and nights, he cried so much as to disturb the other patients, and the nurse observed he started frequently in his sleep. As the swelling subsided, he became quieter, took his food, and appeared easy. To-day, the ninth day from the receipt of the injury, the swelling having quite subsided, I made a more particular examination of the limb, and found that the head of the right thigh bone was dislocated into the ischiatic notch. On placing the two limbs parallel to each other, and bringing the toes together, the dislocated limb appeared to be from half to three quarters of an inch shorter than the other, and the knee was inclined inwards; the limb admitted of rather free motion, and when it was rotated, the head of the bone could be felt behind the acetabulum lying over the ischiatic notch.

My colleagues having examined the limb, and agreeing with me as to the nature of the injury, it was considered best to attempt the reduction with the pullies. To effect this, a wetted roller was applied above the knee, to which another portion of doubled roller was attached; the pelvis was fixed by a silk handkerchief being passed between the thighs, and then attached to the upper bed-post. The pullies being fixed to the roller at the knee, and attached to a table placed against the foot of the bed, another handkerchief was passed round the upper part of the thigh bone, so as to lift the head of the femur over the margin of the acetabulum. Extension was made in a direction obliquely forward, and kept up for twenty minutes, when the knees appearing parallel to each other, the pulleys were suddenly loosened, in the hope that the head of the bone would be drawn into the socket; this, however, was not the case, for it returned again to the ischiatic notch. Extension was again made, and continued for near half an hour, when, at the time the knee was being rotated outwards, the head of the bone was drawn into its natural situation, the sudden jerk of which, though in so young a subject, was evident to all assisting in the reduction. The knees and feet were confined by a roller, and the patient was left.

Sept. 23d.—To-day he was lifted from his bed, placed on his feet, and allowed to try to walk, which he could not do without support. I directed that he might try the same daily.

Dec. 4th.—He was discharged from the hospital able to walk with but little lameness.

In offering a few observations on this case, I must plead guilty to the charge of not having minutely examined the boy when first admitted into the hospital; but I had no suspicion of a dislocation occurring in so young a subject, and I felt, at the time, satisfied, from the degree of motion of which the limb admitted, that the part was only bruised. That a dislocation into the ischiatic notch, in so young a subject as the one here related, is a very rare case, may be inferred from the fact that Sir A. Cooper, in the course of his extensive practice, has never met with an example of it. He has related one case of a little girl, seven years old, in whom the head of the bone was dislocated on the dorsum ilii, and this is the only case he has known of dislocation from accident in the young subject. When much swelling and inflammation are present, to make out the exact nature of injuries in the vicinity of the hip joint is exceedingly difficult, and, in all cases, not possible. I was once consulted in a case of this kind, in which, not exactly agreeing, as to the nature of the injury, with the gentleman who was in attendance, a third was called in, of greater experience than either, and who differed from us both, giving his opinion in the most decided manner; yet this gentleman, I understand, on seeing the case again, after the tumefaction had subsided, gave an opinion directly opposed to that he had previously so unequivocally expressed.—A further proof of the difficulty of making a correct diagnosis of injuries in the neighborhood of the hip joint, is evinced in the case of a physician of eminence in an adjoining county, who, I am informed, though a long sufferer, and still lame from an accident of this kind, is not aware of the injury he has sustained. No means of reducing the muscular power were resorted to, in the above case, further than exhausting it by continued extension. The boy was but a weakly subject, and I did not choose to risk the chance of a fatal termination, by producing a state of exhaustion from which it was possible he might not have recovered,—therefore, neither the warm bath, nor emetic tartar, were had recourse to. My fears on this head must not be considered wholly without foundation, as two cases have come to my knowledge, in which death has speedily followed that state of collapse, produced by those means of depletion which are occasionally had recourse to, with success, during the attempts to reduce dislocation of this description.

CASE II.—*Dislocation of the Thigh Bone into the Foramen Ovale.*

On the night of August 5th, 1829, I was sent for, with Mr. Skelton, of Charlton, to see Mr. Acott, aged 21, a muscular farmer, who, in returning from Cheltenham fair in a gig, with two others, was thrown from the vehicle, in consequence of the horse taking fright. We found him lying on his back, in bed, with his right thigh separated widely from the left, and the extremity near two inches longer than the other, admitting of very little motion, and causing great pain. Though the head of the thigh bone could not be felt, there was no doubt in the minds of Mr. S. or myself, that it was dislocated into the foramen ovale, and, as soon as the proper apparatus could be procured, we reduced it in the following manner:—The patient was placed on his back, on a table, in the passage of the house; a jack towel was carried round the pelvis, to fix it, and a belt, to which the pullies were attached, was passed round the upper part of the thigh, between it and the scrotum, and fixed to a staple in the wall. About twenty ounces of blood were taken from the arm, and a grain of emetic tartar given; slight nausea was soon produced; extension was then made in a direction obliquely outwards and upwards, and, in about three minutes, on bringing the knee inwards, the head of the bone was drawn suddenly into the acetabulum. The feet were then bandaged together, he was put to bed, and in about ten days left his room.

The ease with which this dislocation, in a very muscular man, was reduced, forms a striking contrast to the preceding, and shows how desirable it is that the attempt to replace the bone should be made as soon as possible after the receipt of the injury, and before the muscles have become in a permanent state of contraction.

CASE III.—*Dislocation of the Thigh Bone on the Dorsum Ilii.*

Nov. 24th, 1829.—In consultation with Dr. Boisragon and Mr. Seager, I saw a lady, aged 44, who, two days previously, had dislocated her right hip. As the patient was thin, the head of the bone could be felt on the dorsum of the ilium; the limb was shortened, so that the great toe was resting against the tarsus of the other foot. As an attempt to reduce the dislocation the day previously had been made, with towels, we thought it better to employ the pulleys, which were used in the precise manner directed by Sir Astley Cooper for the reduction of this kind, and it was not till extension had been continued for upwards of an hour, that the head of the bone was replaced, which happened while the knee was being rotated. Emetic tartar was administered to the extent of eight grains, previous to, and during, the reduction, but no sensible effect was produced by it, till upwards of two hours after she was replaced in bed. The feet were bandaged together, and she did very well.

Our efforts to reduce this dislocation were considerably opposed by those of the patient herself, who was, at the time, insane, to which circumstance the tardy action of the emetic tartar may properly be attributed. — *Midland Med. and Surg. Reporter*.

IV.

REMARKS ON THE USE OF INJECTIONS OF WARM WATER, WITH A DESCRIPTION OF AN APPARATUS FOR THEIR ADMINISTRATION.

By Leonard Peirce, M. D., of Sutton, Mass.

For the Boston Med. and Surg. Journal.

In the Boston Medical and Surgical Journal of May 3d, I read some remarks on the use of injections of warm water, accompanied by a cut of a syringe used for that purpose. I have been in the practice of using these injections in different diseases, especially the spasmodic ones, for more than two years past, and have been pleased to find them producing the most happy effects.

Most of the cases in which I have used these injections, have been of colic, convulsions, and constipation. The quantity of water thrown up should be from one to four quarts, according to the effect intended to be produced. The common injection syringe is inconvenient for this use, from the necessity for its frequent application. To remedy this evil, I had a syringe made by Mr. Oliver Hall, an ingenious artist of this town, in the form of a pump, with a pipe at the end for admitting the water, guarded by a valve opening inwards; and another pipe at the side, to be attached to a tube communicating with the rectum, with a valve opening outwards. This latter valve has a spring on its outer surface, by which it is kept constantly closed except when forced open by the descent of the piston. The body of the syringe, the pipes, and the cap, are of tin (block-tin); the shaft of the piston is iron, coated with silver to prevent its rusting; the piston itself is a cork turned to fit the calibre of the pump, or syringe (which is about three-fourths of an inch in diameter), and confined between two plates, the upper one of brass, the lower one of iron, through the centre of which the shaft passes. The lower plate, or that nearest the end of the shaft, screws on so that the cork may be compressed, and its diameter increased, whenever necessary. The whole length of the pump when the piston is down, including the end-pipe and the elevation of the shaft above the cap, is between five and six inches. To the end-pipe a wooden tube is fitted, with holes through the sides, near the lower end, to let the water through. This tube, when used, may be placed on the bottom of the vessel containing the water, and thus serve to support the pump. It may be dispensed with at any time, if found inconvenient. The common flexible stomach tube is the one I use for connecting the pump with the rectum. To the open extremity of this tube, a piece of wood is attached, into which the pipes are made to fit. The pipes are made so as to be separated from the body of the pump, in order to get at the valves, should they need repairs.

The following figures will serve to explain the structure of the pump.

[Here Dr. Peirce has given a drawing of his instrument, which is so like that figured in No. 12 of this Journal, Vol. 4, that it is deemed unnecessary to present it to the reader.]

The whole of the apparatus, except the tube, may be packed into a box and carried in the coat pocket. The tube might be made in pieces connected together with silver, so as not to render it unsuitable for an œsophagus tube, and the pieces be packed in with the pump.

When it is to be used, the patient should be placed upon the bed, on one side, with his back near the edge of the bed. An assistant should then take the tube, and, having it well anointed with lard or sweet oil, introduce it into the rectum from two to twenty inches, according to the effect intended to be produced. When the intention is merely to solicit an evacuation, it need not be introduced farther than within the sphincter ani, unless it be in obstinate cases of constipation, when it should be put far up. If the tube meet with any impediment to its passage, attach the pump and throw up some water, which will remove the obstruction if it be hardened feces. If, after this has been done, the tube should not pass up readily, or if the patient should complain of much pain when the attempt is made, it is presumed that the obstruction is a spasm of the intestine. In this case, more water should be gently pressed up, occasionally making an attempt to carry up the tube. This will generally succeed in overcoming the spasm, so that the tube may pass and the injection be completed.

Generally, after from one to two pints have been thrown up, vomiting comes on, after which, in cases of colic or convulsions, the disease abates and the patient falls asleep. But in this case the better way is to let the tube remain in the rectum ; for frequently the pain or convulsions will return, and more water will be required. Perseverance in this course will almost always effect a cure, without any other remedy than a little opium after the spasm or convulsions are overcome. In violent cases, bleeding may be necessary ; it should always precede the injections where an inflammatory action is established before they have been given. This treatment does much less injury to the intestines and the system generally than cathartics—the relief is altogether more prompt—and a relapse is much less to be feared.

These injections are often very efficacious in the treatment of obstinate cases of constipation. They should be given at stated periods, and in pretty large quantity, so as to pass into the colon, and, if possible, into the small intestines. I think they might also be used with advantage in some of those cases usually called dyspepsia. In cases of hysteria attended with convulsions or with coma, they must be useful, although I have never given them a trial. In the incipient stages of cholera and dysentery, soothing injections, such as mucilage of gum arabic, flaxseed tea, starch, &c., are very useful, and in many cases will be rendered more so, if thrown up in large quantities.

In no case in which I have used these injections, have I combined any other ingredient with the water than a little molasses, sufficient to give it the color of brandy. I have seldom, however, made this addition; but from the effects in those cases where I have used it, I think it will be useful where it is desirable to produce a determination to the skin.

The most immediate effect produced by these injections, is vomiting. In every case where I have used them to the extent of two pints or a little more, vomiting has followed almost immediately, and I believe it to be the most speedy, effectual, and least irritating method of evacuating the stomach, that can be adopted, unless it be by passing a tube down the œsophagus. Stimulants are seldom if ever useful where a large quantity of water is used. In the 14th No. of the American Journal of Medical Sciences, is a case related by S. C. Roe, M.D., of New York, in which the patient swallowed two and a half ounces of laudanum, with an intent to kill himself, and obstinately refused to take any remedy. Dr. Roe introduced into the rectum the tube of a stomach pump, twenty-three inches, and threw up half a gallon of water, holding in solution fifteen grains of tartarized antimony. "This," says Dr. Roe, "was no sooner accomplished, than the patient complained of nausea and an inclination to evacuate his bowels, which was quickly followed by full vomiting, repeated several times successively; but the disposition to alvine dejections passed off without effect." It will not, I believe, be contended, that medicines introduced into the intestines with an intention of producing an effect on the stomach, will act more promptly than when taken into the stomach itself. But according to Dr. Roe, the medicine, which, when taken into the stomach, requires from twenty to forty minutes to produce its full effect, operated almost instantly, and most effectually too. Now this is precisely the effect which I have witnessed in numerous instances where nothing was used but water or molasses and water, and I believe the only effect of the antimony was to increase the "languor and debility" of the succeeding day.

Injections of cold water would probably be useful in the incipient stages of inflammation of the bowels. But after the intestines have become seriously diseased with inflammation, it may be questioned whether they would be beneficial. I have used them in but one case of the kind, and that was where the disease had existed several days, and an inflammatory action was established. The pain occasioned by throwing up the injection was so great, that I was obliged to desist. It was probably produced by cold, and distension of the intestines. The injection used was flaxseed tea.

In all cases where these injections are used, great care should be taken not to force them up too fast; for after having distended the intestine, it might and probably would be ruptured, if much force should be applied to the piston. Every person acquainted with the mechanical properties of fluids, knows that when a closed vessel is filled with a fluid through a small opening, the pressure on the whole inner surface is as much greater than the pressure of the fluid through the tube, as the area of the vessel is greater than the area of the opening. It is by virtue of this law, that a man standing on the board of a collapsed bellows, and having a small tube passing through the board to the inside of the bellows, all other openings being closed, can, by blowing through the tube, fill the bellows with air, and raise the whole weight of his body merely by the power of his lungs. This must render it evident to every person, that there will be great danger of rupturing the intestines, if much force be used in forcing down the piston. Nurses are not only generally ignorant of this law of fluids, but suppose that the larger the vessel, the more divided the pressure will be; and that hence the more water is thrown into the intestine, the less caution will be necessary, and, instead of abating, will increase the force upon the piston of the pump. They should always be strictly charged on this subject, when entrusted with the administration of enemata. Where circumstances do not render it improper, the physician had better throw up the injection himself. Having the patient placed on the bed as directed, the tube may pass out from under the bed-coverings, and the pipe be attached to it, and the injection given while the patient is not in the least exposed. If this method of administering enemata were generally adopted, and simple warm water or molasses and water used instead of those loathsome and disgusting compounds which many nurses and some physicians seem to vie with each other in conjuring up, much of the prejudice which now exists in relation to them would be overcome, and many of those active and irritating medicines which are now kept in the family medicine-chest for indiscriminate use, would make way for the much less hazardous, but more effectual remedy,—an injection syringe and its appendages.

This instrument may also be used for a stomach pump, either for filling or evacuating that organ. The tube is made to be attached to either pipe, thus making it a suction or a forcing pump, as occasion may require. An objection may be made to its use as a stomach pump, from the liability of its valves to become obstructed with the contents of the stomach. But I believe but very few if any cases will occur, in which it will be necessary to use the pump for the purpose of evacuation. When the tube is introduced, the resistance of the œsophagus and cardia is entirely overcome, and the evacuation of the stomach through the tube is by the same law it would be if no vitality existed in the parts. Now this being true, if, after the stomach is filled with water, the mouth be placed lower than the stomach, this organ will be as surely and effectually evacuated as it could be if the pump were used. Therefore, after sufficient water has been thrown into the stomach, let the patient lie upon the bed, with the face downwards, the stomach lying across some pillows placed for the purpose, and the head depending over the edge of the bed. Gentle pressure being now made over the stomach, the water will be driven out through the tube. After all the water has been discharged, more may be thrown in and again pressed out, and in this way the stomach be effectually drenched. Or, if the contents of the stomach be too coarse to pass through the tube, let the water be given per anum sufficient to produce vomiting. Vomiting induced in this way, occasions much less effort than when produced by an emetic.

Sutton, *May*, 1831.

MEDICAL JOURNAL.

BOSTON, JUNE 14, 1831.

THE CAUSE OF STAMMERING.

In a late number of the Journal of the Royal Institution, are some able remarks, by Dr. Marshall Hall, on the mechanism of articulation, and on the late views which have been advanced of the cause of stammering. Dr. H. divides the consonants of the alphabet into four classes, according to the degree of freedom with which the air is permitted to pass through the passages of the mouth and nose. The first class consists of those in the pronunciation of which both the mouth and nostrils are completely closed, so as entirely to impede the exit of the air. To this class belong most of those letters which are usually termed mutes, namely, b, d, g, p, t, k. In pronouncing these letters, the air is evidently arrested in its exit from the external passages, so that to dwell on any one of them for a few seconds, produces a painful sense of impeded respiration. The second class contains those consonants in pronouncing which a free passage is afforded to the air through the nose, but the mouth is nearly or quite closed. These are f or ph, th, s, v, and z. In the third, the nostrils are unobstructed, and the air but little compressed in its passage from the lungs. These are the four which have usually received the name of liquids, namely, m, n, l, r. In the fourth class are included those letters in pronouncing which the air passes without obstruction from both passages. Those which fall into this division are h, w, and y. The peculiar character of these letters has made it a question whether they were really entitled to be considered as consonants at all; and neither of them can be distinctly enunciated as a terminal letter.

In explaining the phenomena of stammering, Mr. Hall refuses to admit the simple explanation offered by Dr. Arnott, and refers it, in common with other writers, to a spasmodic and irregular action of the muscles concerned in articulation. He observes that the act of stammering is modified according to the particular sounds at which the difficulty of enunciation occurs: that where the obstacle is presented by a consonant of the first class, the embarrassment of the respiration is manifest from the redness of the face, and from the convulsive effort made to empty the lungs. This is made more evident when the same consonant begins and ends a word, or occurs in successive syllables. When the impediment arises from letters of the second class, the peculiar sound is produced by the air, which is forced through a narrow aperture. In neither case, however, does the obstruction take place in the glottis, which Dr. Arnott supposes, since, in both, the air may be heard to pass freely through the larynx. It is remarked, however, that the sing-song or continuous enunciation of words, which Dr. A. proposes for the cure of stammering, is equally consistent with the received pathology as with his own. Something similar to this has been proposed by various writers, and was suggested, many years since, by Mr. Hall himself. The author has known this affection to be cured, where the patient was able to acquire a moderate and uniform rate of speaking without allowing himself to be betrayed into hurry and agitation.

GERMINATION OF SEEDS.

Dr. Good remarks, as a happy illustration of the harmony which exists in all the operations of nature, that certain descriptions of seed will not germinate until, by passing through the bodies of animals, they have undergone some change in their constitution from the function of digestion. This he particularly instances in the kernels of olives. It had been customary, in the south of France, to propagate olives only by cuttings, as it was found that the seeds, when planted, would not germinate. An intelligent inhabitant of Marseilles made the remark, that the only plants which grew from the seed were found in the woods, where the kernel must have been conveyed in the stomach of birds who fed on them, and dropped on the ground along with the dung of the animal. In considering the cause of this, he was led to the conclusion that the kernel, by passing through the alimentary canal of the bird, was deprived of a portion of its oil, and thus became permeable to the moisture of the earth; while the soda which the dung contained, by uniting with another portion, still farther facilitated this effect. In order to test the accuracy of this theory, he fed a number of turkies with ripe olives, collected the dung, and planted it in a rich soil. The seeds germinated readily, and a number of young plants was obtained. To ascertain more fully the nature of the chemical actions which took place, some other kernels were macerated in an alkaline solution, and, on being sown, readily took root.

If the above explanation and the practice founded on it be correct, it is not a little singular that the ancient agriculturalists should have adopted a method precisely the reverse, to ensure the productiveness of seeds. Virgil tells us that many were in the habit of immersing them in the lees of oil before they were placed in the ground, with the view of improving the quality of the fruit. Semina vidi equidem multos medicare serentes, et nitro prius et nigrâ perfundere amurcâ, &c. The seeds, however, which seem particularly referred to in this passage, are those of the leguminous plants. We are not aware that this practice has been imitated in modern times.

THE STAGES OF HUMAN LIFE.

The tendency of the human mind to weave hypotheses of slight materials, has never been better displayed than in the influence attributed to the virtues of numbers. This idea may be found in the earliest attempts of philosophers to reduce to a system the phenomena of nature. Pythagoras, in his cosmogony, assigns to the combinations of numbers the most marvellous properties, and supposes that by their apt concourse most of the forms of created things were produced. Notions more or less similar may be traced in many others of the earlier philosophers and sophists. But there is no subject to which the theory of numbers has been applied with more varied ingenuity, than to the duration and stages of human life. The idea of climacters, or of certain natural numerical divisions in life marked by particular phenomena, dates from a very early period in the history of mankind.

The favorite number for a climacter appears to have been seven; and such is the pliancy of facts to system, that many physiologists, both ancient and modern, have been able to persuade themselves that the influence of this number remarkably predominated over the development and decay of the human system. Thus the product of 7 by 9, or the last odd number, constitutes the grand climacteric, and this is the period of the greatest danger. The numbers which are next in the order of fatality, are 81, 49, 84, 42, 21 and 7. Diocles, a disciple of Pythagoras, made more than 20 natural divisions of life corresponding to multiples of the number 7. Thus, at the end of 7 days after birth, the remains of the funis are cast off; in twice 7, the infant moves his eyes; in seven times 7, he begins to take notice of objects; in seven months, the teeth begin to appear; in twice 7, the child can sit without falling; in three times 7, he begins to articulate, and so on. Nor is this sort of ingenuity to be found only in the ancient philosophers. A German physiologist, Dr. Burdach, has lately made out a climacteric division of life, by combining the number 7 with 4 and the powers of 10. The basis of his system is the fact, that the average period of utero-gestation is 280 days, or 40 weeks, or 10 months of 4 weeks each. The same period from birth, renders the infant capable of being weaned. The second power of 10 combined with 4, gives a number of weeks nearly corresponding to the ancient climacter; and ten of these, or $10^3 + 4$ weeks, gives 76 + years, which may be regarded as the average term of the life of man. At the conclusion of the first climacter, the milk teeth are shed; the end of the second forms the period of puberty; that of the third marks the arrival of the man at years of discretion. The four ages are obtained by combining the above number, successively, with the four terms of the arithmetical series, 1, 2, 3, 4, the sum of which is evidently 10. This will give about 7½ years for the first age, or infancy; 15 years for the second age, or youth; 22½ years for the third age, or manhood. At the end of this period, or at 45 years of age, the decline of the physical powers commences; the mental powers continue in full activity, but there is less enterprise, and less disposition to engage in new schemes for the acquisition of wealth and power. The habits have become settled and permanent. The fourth product, or 31 years, gives the fourth age, which includes the whole decline of life. The same period taken from the commencement of life, gives the acme of physical vigor, when, as the author expresses it, the external and internal life are duly and accurately balanced. The following table will, according to this view, represent the progress of human life:—

Stages.	Weeks.	Years.	Weeks.	Days.	Natural Epochs.	Ages.
	40		40		Lactation,	Childhood,
1	400	7	34	6	Milk teeth,	
2	800	15	27	3	Childhood,	Youth,
3	1200	23			Youth,	
4	1600	30	34	5	Maturity.	Middle age,
5	2000	38	17	2		
6	2400	45	52			
7	2800	53	34			Decline.
8	3200	61	17	1		
9	3600	68	51	6		
10	2000	76	3	3		

The most interesting observation to which we are led by comparing the ancient and modern speculations on this subject, is that of the uniformity which prevails in regard to the period referred to formerly and at present as the term of life. The other means we possess of judging on this point, for the most part lead to a similar conclusion. There are, it is true, instances on record of individuals, in ancient times, who lived to a very advanced age; but they appear to be quoted as exceptions to the general rule, and there are none but have been equalled in very recent days. If we take the age at which kings and other distinguished individuals among ancient nations died, as a standard, the period of life does not differ at present from its average term during three thousand years. A slight increase, however, in the average length of life, has been noticed to have occurred in most of the civilized countries in Europe during the last two or three centuries. This has been observed by Villermé in France, by Halley and Reiche in Germany, and by Odier in Switzerland. The difference amounts to about two years, and may probably be owing to the improvements in the arts of life, and to the discovery of more successful methods in the treatment of disease. The prophylactics against smallpox which have come into use within fifty years, must of themselves have had some influence on the mean age of mankind. For the rest, it is probable that the age of man at present does not materially differ from what it was in the days of Homer; and the three score years and ten which was assigned by the Psalmist, still forms that goal which all hope to reach, but which so many are destined never to attain.

ACETATE OF MORPHIA.

No reader need be informed of the source or general powers of this medicine. It is in common use, and has been for several years, as a substitute for opium, and has seldom failed, we apprehend, to meet the expectations of the practitioner. The Acetate of Morphia is often administered externally, the epidermis having been previously removed by a plaster of cantharides, and, thus applied in doses of a quarter or half a grain with simple cerate, it has proved efficacious in tetanus, and other spasmodic and painful diseases. Internally, it is used in preference to the uncombined morphia,—this latter, according to Orfila, being almost inoperative in consequence of its insolubility in the stomach. Sertuerner, however, a chemist who was among the first to analyse opium, reports differently respecting the morphia. He found, by an experiment performed on himself and on three of his pupils, that half a grain, repeated each half hour, produced at first a redness of the eyes and cheeks, and an exaltation of the vital powers, pain in the stomach, numbness, debility, and a disposition to faint. But he adds that all these symptoms were aggravated upon swallowing *vinegar*. Thus does he, as well as subsequent authors, accord more activity to the acetate of morphia, than to the morphia alone.

Dr. Bardsley gives us 10 cases of *painful affections of the stomach*, in 8 of which, health was restored by the use of this salt. In 2 it failed to do good, though thoroughly persevered in. The two following cases are a fair illustration of the mode in which the salt was administered in all, and of its effect on the disorder and on the general health.

Case 1.—A young woman, 26 years of age, had labored under severe pain in the epigastrium for several months. Leeches and blisters had been applied to the part, and various internal remedies had been exhibited, but with little or no relief to the pain. She said that she had latterly taken opium in rather large proportions, but that it rendered her so costive that she had not a motion in the course of a week or ten days. Still she was under the necessity of continuing its use, in order to obtain a mitigation of the pain. I directed her to take the fourth of a grain of the acetate of morphia each second hour, carefully noticing its action. As this quantity was too small to produce much relief, it was increased to half a grain, and afterwards to a grain every third hour. This dose succeeded in preventing a recurrence of pain, and during its administration, the bowels were readily preserved open by mild aperients. She perfectly recovered in the course of a few weeks.

Case 7.—Mary Ford, aged 27, admitted an out-patient, February 4th, 1827.

Her constitution had always been rather delicate, but until within the last two months she had been capable of following her occupation as a weaver. During that time, she has labored under a dull gnawing pain at the pit of the stomach, attended with a copious discharge of an acid fluid at the mouth, great flatulence, and uncertain appetite. Belly confined. After emptying the bowels by castor oil, she was ordered to take the morphia in the same manner as in the preceding case. 16th. She has already obtained relief from the medicine. The acid eructations are both less frequent and less copious. Bowels open. To continue. 26th. The pain in the stomach is much diminished, and she has had no discharge of fluid. During the last four days, her appetite has also been better. The bowels have become rather costive. To take some aperient medicine and continue the acetate. March 14th. She considers herself perfectly well, but I wished her to persevere with the medicine for a short time longer, when she was discharged cured.

In some forms of *uterine disease*, very marked advantage resulted from the use of this salt. In *scirrhus*, it gave great relief, without rendering cathartics frequently necessary; in *induration* of the organ, 3 cases are related in which its administration was followed by a disappearance of all the symptoms of the disease, and its apparent cure: but the case Dr. B. has given of the relief afforded by it in *dysmenorrhœa*, is very striking and important. He directed a quarter of a grain on the first accession of pain, and the same dose repeated every half hour during its continuance. It succeeded perfectly with the second pill, and although the disease had been habitual, the regular use of these pills at the proper periods always gave entire relief without any bad consequences.

The following case of *Neuralgia* will be interesting:—

Mary Williamson, 52 years of age, admitted a home-patient, June 6th, 1825.

She was first attacked about three months ago, with a severe lancinating pain in the situation of the right mental foramen, which continued for several hours, and then ceased. It returned, however, on the next morning, with aggravated violence, and left her again in the evening. As the pain extended to the teeth on the same side of the jaw, she had been persuaded to have two of them extracted, but the operation afforded her no relief. The remaining teeth appeared to be perfectly sound. When she came under my care, the least degree of motion, or any attempt at mastication, caused a return of pain. Her general health was much impaired, from the constant irritation to which she was exposed, and she had lost both flesh and strength. Feeling satisfied, from the above symptoms, that the inferior dental nerve was affected, I resolved upon the employment of the acetate of morphia. She was accordingly directed to commence with a quarter of a grain every fourth hour, after the bowels had been freely opened by purgative medicine. June 20. She has had no pain during the last seven days, and can now eat and take exercise without fear of its recurrence. Appetite better; bowels regular. Half a grain of the salt to be taken once daily. July 12th. She is in her usual state of health. Ordered to be discharged cured. I saw this woman several times afterwards, and was glad to find that the pain had not once returned.

Besides the above, Dr. B. has given 5 like cases, in 4 of which the medicine was equally curative.

On the whole, from an extensive use of this salt, Dr. B. has found the number of instances in which it has failed, inconsiderable when compared with those in which it has proved of value. He has never witnessed any *pernicious consequences* from its prudent use, nor has it been attended or followed by the *distressing headach, excessive constipation, and other unpleasant symptoms*, which large or long-continued doses of opium are so apt to induce.—The dose for an adult is a quarter of a grain, gradually increased to half a grain, a grain, or two grains, according to the effect produced.

Respecting the influence of morphia on the circulation, Dr. B. is silent. Some experiments recently instituted by Dr. Whiting, and read by him before the Medico-Botanical Society of London, lead to the conclusion that it exerts on the circulation neither sedative nor stimulating powers, but that its action is confined almost exclusively to the nervous system.

MASSACHUSETTS MEDICAL SOCIETY.

The annual meeting of this ancient and most respectable Society, was held on Wednesday, the 1st inst., at the Society's Rooms at the Athenæum. The Annual Reports of the several officers and of select committees were read and accepted, and the affairs of the Society appeared to be in a flourishing state; its objects have been very fully and happily accomplished thus far, and we trust it may long continue to be among us, what it has hitherto been, a faithful guardian of the honor of the profession, an efficient aid in extending its usefulness, and a public barrier against the officious intrusions and the shocking depredations of impudent quackery.

Among other important business, a memorial was prepared, and ordered by the Society to be presented to the legislature, setting forth some reasons why the prayer of certain members to be set off and constituted a separate association, ought not to be granted. A resolve was offered by Dr. Childs, of Berkshire, that the annual assessment should in future be paid to the district societies for their several use and behoof. This resolve was referred to the Counsellors, who rejected it, we believe unanimously, at their meeting on the following day; they voted, however, that the several district societies have the exclusive benefit of fees paid for licenses granted by the censors of said districts, for the space of one year,—the plan, after that, to be made permanent or abandoned as judged most expedient. The annual discourse was to have been given by Dr. Green, of Worcester, but he did not appear. This disappointment was the greater, as his known talents, learning and reputation, had induced high anticipations in the minds of all present. As no reason appeared for his absence, it is to be presumed that it was occasioned by sudden illness, or other unexpected but unavoidable detention. The following gentlemen were chosen Counsellors for the ensuing year:—

For Suffolk—Drs. William Ingalls, John Dixwell, James Jackson, Benj. Shurtleff, John C. Warren, John Randall, Geo. C. Shattuck, John B. Brown, Walter Channing, Jacob Bigelow, George Hayward, Enoch Hale, jr., Solomon D. Townsend, John Ware, Zabdiel B. Adams, David Osgood, Edward Reynolds, John Homans.

For Essex—Drs. James Gardiner, Richard Hazeltine, Abel L. Pierson, Andrew Nichols, Thomas Manning, Samuel Johnson, Joseph Kittredge, Jeremiah Spofford, Richard S. Spofford, E. L. Coffin, Calvin Briggs.

For Middlesex—Drs. Amos Bancroft, Calvin Thomas, Rufus Wyman, Thomas Bucklin, John Walton, Zadock Howe, Wm. J. Walker, Timothy Wellington, J. C. Dalton, Ephraim Buck, Daniel Swan.

For Worcester—Drs. Stephen Batchelder, jr., John Green, Daniel Thurber, Charles W. Wilder, Benj. F. Heywood, Edward Flint, Gustavus D. Peck, Amos Parker.

For Hampshire—Drs. Joseph H. Flint, Alpheus F. Stone, Stephen W. Williams, Levi W. Humphreys, Job Clarke, Elisha Mather.

For Berkshire—Drs. Henry H. Childs, Robert Worthington, Wm. H. Tyler, Asa G. Welch, Alfred Perry, Hubbard Bartlett.

For Norfolk—Drs. Amos Holbrook, Nathaniel Miller, John Bartlett, Robert Thaxter, Samuel Bug-bee, Jeremy Stimson, Ebenezer Alden.

For Plymouth—Drs. Nathan Hayward, Hector Orr, Cushing Otis, Andrew Mackie, Ezekiel Thaxter, Paul S. Nichols.

For Bristol—Drs. Benj. Billings, Alexander Reed.

For Barnstable—Drs. Joseph Sampson, Aaron Cornish.

At a meeting of the Counsellors on Thursday, Dr. Thurber, of Mendon, was chosen to deliver the next annual address, and the following officers were chosen for the year:—

James Jackson, M.D., *President.*
Amos Holbrook, M.D., *Vice Pres.*
John Dixwell, M.D., *Cor. Sec'ry.*
Geo. Hayward, M.D., *Rec. Sec'ry.*
Walter Channing, M.D., *Treasurer.*
Enoch Hale, jr., M.D., *Librarian.*

Censors.

For the 1st District, and for the Society—Drs. John Dixwell, Rufus Wyman, Walter Channing, Geo. Hayward, Enoch Hale, jr.

For the 2d District—Drs. John Green, Benj. F. Heywood, Edward Flint, Charles W. Wilder, Gustavus D. Peck.

For the 3d District—Drs. Elihu Dwight, Joseph H. Flint, Daniel Collins, Elisha Mather, Job Clarke.

For the 4th District—Drs. Alfred Perry, Wm. H. Tyler, Orren Wright, Royal Fowler, Robt. Worthington.

LIBRARY OF PRACTICAL MEDICINE.

THIS work is intended to embrace a series of republications of standard medical authors. The 1st Volume, consisting of the celebrated treatises of Smith and Tweedie on Fever, was distributed to the members of the Massachusetts Medical Society at their late meeting; and it is in contemplation to have the 2d Volume ready by the next meeting of the Society. By the plan of this work, an equivalent for the annual assessment will be in readiness for every member; and it was a good thought of the Counsellors, to make a certificate of having paid said assessment, an order for the volume. In consequence of this, there were several gentlemen, we understand, who went home without it.

Case in which several Leeches were Swallowed.—Dr. Schnuhr reports the case of an individual who, while in the act of bathing, accidentally swallowed several leeches. The immediate consequences were intense burning of the stomach, loss of appetite, sickness at stomach, and frequent discharges of blood by vomiting, with which one of the animals was ejected on the third day. Pale and emaciated, he applied for relief on the eighth day. The physician directed him to take a saturated solution of muriate of soda, to be followed, in three-quarters of an hour, by a dose of ol. ricini. This had the effect of bringing away three leeches, after which the vomiting of blood and pain of the stomach subsided.

Davy and Wollaston compared as Philosophers.—In contrasting the genius of Wollaston with that of Davy, let me not be supposed to invite a comparison to the disparagement of either, but rather to the glory of both, for by mutual reflection each will grow the brighter. If the animating principle of Davy's mind was a powerful imagination, generalizing phenomena, and casting them into new combinations, so may the striking characteristic of Wollaston's genius be said to have been an almost superhuman perception of minute detail. Davy was ever imagining something greater than he knew; Wollaston always knew something more than he acknowledged:—in Wollaston, the predominant principle was to avoid error; in Davy, it was the desire to discover truth. The tendency of Davy, on all occasions, was to raise probabilities into facts; while Wollaston as continually made them subservient to the expression of doubt.

Wollaston was deficient in imagination, and under no circumstances could he have become a poet; nor was it to be expected that his investigations should have led him to any of those comprehensive generalizations which create new systems of philosophy. He well knew the compass of his powers, and he pursued the only method by which they could be rendered available in advancing knowledge. He was a giant in strength, but it was the strength of Antæus, mighty only on the earth. The extreme caution and reserve of his manner were inseparably connected with the habits of his mind; they pervaded every part of his character; in his amusements and in his scientific experiments, he displayed the same nice and punctilious observation—whether he was angling for trout, or testing for elements, he alike relied for success upon his subtile discrimination of minute circumstances.

By comparing the writings as well as the discoveries of these two great philosophers, we shall readily perceive the intellectual distinctions I have endeavored to establish. "From their fruits shall ye know them." The discoveries of Davy were the results of extensive views and new analogies; those of Wollaston were derived from a more exact examination of minute, and, to ordinary observers, scarcely appreciable differences. This is happily illustrated by a comparison of the means by which each discovered new metals. The alkaline bases were the products of a comprehensive investigation, which had developed a new order of principles; the detection of palladium and rhodium among the ores of platinum, was the reward of delicate manipulation, and microscopic scrutiny. As chemical operators, I have already pointed out their striking peculiarities, and they will be found to be in strict keeping with the other features of their respective characters. I might extend the parallel farther; but Dr. Henry, in the eleventh edition of his system of Chemistry, has delineated the intellectual portraits of these two great philosophers with so masterly a hand, that, by referring to the passage, all farther observation will be rendered unnecessary.

Jerome V. C. Smith, M.D., was last week unanimously chosen, by the Common Council of this city, Quarantine Physician for the ensuing year. John C. Warren, M.D., Benj. Shurtleff, M.D., George Hayward, M.D., John Randall, M.D., and George Shattuck, M.D., were also chosen Consulting Physicians.

Whole number of deaths in Boston the fortnight ending June 2d, 36. Males, 16—Females, 19. Stillborn, 1.

Of consumption, 4—old age, 5—fits, 1—inflammation on brain, 1—intemperance, 2—complication of diseases, 1—childbed, 1—disorder of bowels, 1—cholera, 1—dropsy, 2—lung fever, 3—dropsy on chest, 1—unknown, 2—infantile, 3—pleurisy, 1—accident, 1—putrid sore throat, 1—dropsy on brain, 1, &c.

ADVERTISEMENT.

NEW MEDICAL PERIODICAL. The New York Medico-Chirurgical Bulletin, edited by George Bushe, M.D. Published monthly at $5,00 per annum. No. 2, for June, 1831. This day received by CARTER, HENDEE & BABCOCK, Agents for the work. June 14.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover. Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year. *Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, JUNE 21, 1831. [NO. 19.

I.

ON THE EMPLOYMENT OF ATMOSPHERIC AIR AS A MEAN OF DIAGNOSIS, PROGNOSIS, AND TREATMENT OF DEAFNESS OCCASIONED BY CHRONIC DISEASES OF THE EUSTACHIAN TUBE. BY M. DELEAU, JUN.

In a late number of Magendie's Journal, there is an extended memoir on the above subject, said to be founded on much practical observation and experience.

The author observes that every time we inspire, there is some introduction of air through the Eustachian tube into the cavity of the tympanum. This, he thinks, may be proved by the sensations of any individual who inspires strongly on going from a warm to a cold air. He will then feel the cold in the interior of the ear. In the act of sneezing and blowing the nose, the access of air to the cavity of the tympanum is facilitated. A person burst the membrana tympani by violent straining at stool. When a person is partially deaf from cold, the hearing is bettered by blowing the nose. These and various other considerations, M. Deleau thinks, authorise us to conclude that the delicacy of hearing depends in a great measure on the free circulation of air in the cavity of the tympanum through the Eustachian tube—and consequently that, when this passage is obstructed by any means, the want of fresh air in the said cavity becomes a source of deafness.

M. Deleau alludes to the fact that hearing is not affected by perforation of the membrana tympani, until inflammation arises, which it always does after lesion of this auditory diaphragm. He conceives that the motions or vibrations of the membrana tympani contribute to move the air in the cavity of the ear, and thus secure its renovation. So the presence of wax in the meatus auditorius causes deafness, not only by intercepting the sound, but by depriving the membrana tympani of its elasticity and motions, and thus preventing the renovation of air in the internal ear. Polypi and chronic inflammation of the auditory passages produce the same effect. Among the causes of deafness may be remarked tumefactions of the tonsils, which obstruct the Eustachian tubes, and prevent the access of air to the internal ear. This effect is particularly observable in children, after measles, scarlatina, and inflammation of the air-passages. The same effect is also observable in people of all ages, after or during diseases about the throat, which obstruct the Eustachian tubes.

The author then proceeds to remark that it is only in chronic affections of the ear, that we should think of injecting warm air into the

Eustachian tubes. This operation is to the ear, he observes, what catheterism is to the urethra and bladder. Inflammation, he thinks, cannot subsist long in the Eustachian tube, without producing more or less of stricture in that canal. M. Deleau avers that he is able to recognise the physiological and pathological condition of the Eustachian tube and cavity of the tympanum, by means of air thrown in through a gum-elastic tube—and that by the nature of the sounds which are produced by this introduction—by the effects resulting in respect to audition—and the sensibility of the parts to air.

He informs us that, if air be thrown into the Eustachian tube of a person in health, the individual immediately claps his hand on the external ear, and feels as if water were injected into the meatus auditorius, with all the strange and tumultuous noises thence resulting, occasioning some alarm in his mind. M. Deleau says, that if the ear of the operator be applied to that of the person operated on, the noise appears to be reverberated on his own tympanum, and resembles the distant sound of a cascade, or a fall of rain in a wood. He goes on to describe the various sounds and phenomena resulting from this operation, and the conclusions which may be drawn from them; but we are unable to follow him. Those who practise exclusively on the ear, will probably do well to consult this essay of M. Deleau, in the Journal which we have indicated.—*Medico-Chirurg. Review.*

II.

CASE OF FUNGUS HÆMATODES OF THE THIGH, CURED BY AMPUTATION. BY WILLIAM M'DOWALL, SURGEON, KIRKCUDBRIGHT.

William Carson is a lad of about 13 years of age, in the village of Twynholm, near Kirkcudbright. He had, about nine years ago, been seized with a swelling and inflammation a little above the right knee joint, upon the inside of the thigh, accompanied with fever and swelling all over the thigh, and an abscess formed, which, as described to me, had broke of itself, and discharged a great quantity of matter from three different openings above the knee. It continued to discharge matter occasionally till about the end of September, 1829, when I was called to see him. The thigh was then swelled from the knee to near the groin. The tumor was found soft, and had the appearance of fluctuation, but not very distinct, like a deep-seated abscess. I called two days afterwards and examined the tumor, with an abscess lancet, but no matter came out. Thinking that I was not deep enough to reach the matter, I opened it more deeply with a scalpel, but nothing appeared except a white fatty substance and a little discharge of blood from the cut. From that opening of the integuments, a large fungous white tumor began next day to advance, and every day it gradually shot out larger and larger. I enlarged the opening of the integuments of the thigh, to see what size the tumor would grow to. It continued to enlarge till it measured about twenty inches the one way over the top, and nineteen inches the other way, and the circumference at the base measured about twenty-five inches. It had much the appearance of a large melon, and blood began to ooze from it, as if pressed from a sponge. There was no way of stopping the bleeding but by fine tow or lint applied dry over the surface; upon the top it began to mortify, and emitted a very fetid smell. The lad was anxious to have this tumor removed. For this purpose, he was taken out of bed and placed upon a table, and when the tumor was cut into, its substance appeared to be soft and pulpy like brain. It was removed down to the bone of the thigh, and was found to penetrate under the integuments and betwixt the muscles. I was obliged, in a great measure, to push it out with my fingers; for, on account of its softness, it would not separate well from the muscles by cutting.

There was a great loss of blood in the removing of the tumor, which took much longer time than I had anticipated. The lad was nearly an hour under the operation; and from these causes, when the wound was dressed he fainted away, and I was much alarmed for his recovery from the faint; but by cordials and applying heat to his feet, he gradually recovered. The sac and wound seemed to get clean, and began to fill up with new granulations. The matter got better; his appetite and strength seemed to recruit for about two or three weeks; and we were hopeful that the wound would have healed, but the favorable appearances did not continue long. Five fungous tumors began to advance out of the sac of the wound. Every day they enlarged, and they at length assumed heads as big as the largest apples, and indeed appeared very like a cluster of apples upon a tree. When this second fungous growth was advancing, a sharp point of bone was felt by the finger just over the head of the fibula. It had separated from the inside of the thigh bone, and had passed into the situation just mentioned, where it was cut out with difficulty. As soon as it was removed, a large fungous tumor, just of the same appearance with the others, began to advance. That fungus bled profusely; and when the lad moved his limb, or upon the tumors being dressed, I observed the blood oozing out of the top of them all, like water pressed from a sponge. He went on in this way for several weeks; and from pain and loss of blood he was reduced to the last state of human distress and misery. His pulse was upwards of 125, his face pale, and his appetite nearly lost, and he was affected with diarrhœa. It was now about ten weeks from the time I had first seen him, and it was suggested that the only chance he could have of recovery, was by amputation of the limb. To this, although he had previously objected, he readily submitted; and on the 10th of December, 1829, after consulting with James Watson, Esq., surgeon in Gatehouse, I performed the operation by amputating the limb above the diseased part. The lad stood it well, and there was not above half a cupful of blood lost in the operation. The place where the patient lay was a poor cottage, which being very badly lighted, and the day being dark, we were obliged to use candles in taking up the vessels. This caused the operation to occupy a few minutes longer. It is unnecessary to relate the different steps of the operation, but the limb was taken off very high up, about four inches below the trochanter major. The pulse came down, and the general health improved every day after the limb was taken off, and in about a month the stump was quite healed, and the poor lad had quite recovered his strength. I may mention that I met him on the road, upon the 10th day of April, 1830.

After the limb was removed, it was dissected and examined, when it was found that the piece of bone measuring five inches in length, which was cut out near the head of the fibula, had been detached from the femur, and had left the cavity of that bone open to the marrow. From this opening the fungus hæmatodes had proceeded. The whole of the muscles near the knee joint were turned into cellular substance and had lost their action, and there was very little motion of the joint. The cavity of the joint seemed to be sound, but the thigh bone above the knee, on the inside, where the piece of bone had exfoliated, was in a curious state a long way up.—*Glasgow Med. Journ.*

III.

RHEUMATIC AFFECTION OF THE CHEST—DIAGNOSIS BETWEEN IT AND PLEURISY. BY DR. ELLIOTSON.

In a late clinical lecture on pleuritis, Dr. Elliotson introduced a case of rheumatic inflammation of the parietes of the chest, by way of comparison or contrast with phlogosis of the pleura—a comparison which is not useless, since the one disease is very often confounded with the other, to the detriment of the patient, by the unnecessary effusion of blood thereby occasioned.

Case.—William Key, æt. 19, in William's ward, St. Thomas's Hospital, had been ill a fortnight. At first he had rheumatism of the left knee, and he now and then has it there still; but he has it particularly about the left acromion, all over the same shoulder, clavicle, and front of the chest. There is great pain of the chest, and considerable tenderness on pressure; and great pain on inspiration, but no cough and no expectoration. Now the existence of pain in the chest, rendered severely cutting on inspiration, might give the idea that the person was laboring under pleuritis. The two diseases, however, are very easily distinguished by any one who has seen rheumatism of the chest before. The diagnosis was this: the pain was not confined to one spot, but more or less diffused over the front of the chest generally; it is rare for the pain of pleuritis to be so diffused. In the next place, there was great heat of the part: in active rheumatism there is generally heat of the part, whether it be situated in a joint or in any other portion of the body. Farther, the pain was increased by the very slightest pressure, such as could not influence the pleura; and not merely between the ribs, but on them—even on the sternum, where the pleura, again, could not be influenced. In pleuritis the pressure must be between the ribs, or, if on the ribs, must be very strong to give pain, unless in the most violent cases, where the whole parietes suffer as well as the pleura. The pressure which produced pain in the woman was between the ribs, but in this man the least pressure on the ribs themselves, or even upon the sternum, produced great distress. Fourthly, rheumatism existed also in other parts. From the combination of all these symptoms, particularly from the third, I inferred the nature of the disease. The heat and the diffused pain alone would not have shown the nature of the disease, because sometimes in pleuritis both these symptoms are present. The fact of rheumatism being in the shoulder would not alone have been decisive, because in some cases of pleuritis we have pain also about the axilla. Nay, the rheumatism in the keees, or other parts, would not have been decisive, because a person may have both pleuritis and rheumatism. The same cause that produces the one disease may produce the other, and is commonly in both—the application of cold, especially with moisture, and when the body is overheated. Taking, however, all these symptoms conjointly, there could be no doubt about the disease. He had no cough, no expectoration—and this still farther illustrated the true nature of the disease; though, in some instances of severe rheumatism of the chest, there is accidentally a very slight catarrhal affection, which produces a little expectoration—just as much as is often seen in pleuritis. The man was not ordered to bed, and he showed no distress of countenance ; yet, in some cases of rheumatism of the chest, I have witnessed such indisposition as to confine the patient to bed : for acute rheumatism anywhere, and therefore in the chest, may occasion this ; and I have seen the pain on breathing so great as to occasion much anxiety of countenance.

The *treatment* of the two diseases would be exactly the same in principle ; but in the case of rheumatism, there would be no occasion for the adoption of such active measures as in the case of pleurisy. Whether a nice diagnosis is necessary or not in any disease, it should invariably be made, because we should always practise our art in the best manner ; but there are two reasons why it is important to make a careful diagnosis here: in the first place, in order that you may be enabled to inform the patient and his friends whether there is danger or not—pleurisy being dangerous, while rheumatism is not, except it attack some vital part; and secondly, because, although you employ the same measures in the two diseases, it is not requisite in rheumatism to employ them to the same extent. I ordered no general bleeding for this man, but thirty leeches to be applied on the front of his chest ; and as he had rheumatic pains about the shoulder and other parts of the body, I judged constitutional measures requisite—gave him five grains of calomel night and morning. The leeches completely relieved the front of the chest, but the next day I found the same pain in the opposite shoulder (this is the character of acute rheumatism, to leave one part and fly to another), and I ordered the leeches to be applied there. On the following day I found the rheumatism in the neck, and I had leeches applied to that part, and to-day found him infinitely better. He had gone out of doors contrary to my wishes, and has a little sore throat, and still pain in the right shoulder ; but the chest is liberated from the disease, and there is little now the matter with him.

In a preceding part of the same clinical lecture, Dr. Elliotson details minutely a case of pleuritis, and, in fact, gives a dissertation on the complaint, delineating its symptoms as revealed by the common phenomena presented to the eye, and the auscultic indications drawn from the stethoscope. We are glad to see auscultation thus publicly taught in one of our greatest hospitals. Ten years ago we would have been laughed at, if we had predicted such an event. What! That wooden bauble! That tomfoolery! That piece of QUACKERY, introduced into a lecture by any respectable physician! Oh no! the thing is impossible.—*Medico-Chirurg. Review.*

IV.

CASES OF PUTREFACTIVE DISORGANIZATION OF THE LUNGS. BY ROBERT LAW, A.M., &C.

MODERN pathologists have applied the term "gangrene" to a diseased condition of the lungs, one peculiar character of which is the fetid expectoration. The disease in question will not bear comparison with gangrene as it occurs on external parts, and as cognizable to the senses.

"This modification of disease, unlike gangrene occurring as a termination of inflammation, never exhibits, at any period of its progress, any of the legitimate characters, either constitutional or local, of genuine inflammation; it developes itself in a constitution either naturally weak, or rendered so by previous disease, and such as we should, a priori, say would be unequal to the effort of healthy inflammation; the internal mischief is not announced either by an acceleration of pulse or heat of skin. The patient first complains of a sharp pain in the side, which is soon succeeded by a profuse discharge of either pure blood, or of a mixture of blood and purulent matter; he now feels himself much lighter, relieved as it were from a load, and enjoys an interval of ease, when he renews his complaint of his breathing becoming much oppressed; he is again relieved by discharging a large quantity of mixed blood and pus; he thus continues for some time, alternating between comparative ease and distress, till a teazing cough, with a fetid expectoration, establishes itself; the sputa are generally of a greenish purulent character, floating in abundant thin mucus, and sometimes so acrid as to create a burning sensation in the throat; the breath emits a most offensive odor; the complexion is either a dusky yellow or a dead white, and always expresses distress and suffering. The sallowness of the complexion which I had observed in two cases, led me to suspect that the liver was involved; however, examination after death did not confirm my suspicions, though in both cases the disease was confined to the right side. The constitution soon begins to sympathise, and hectic fever sets in, but by no means observes the regularity and uniformity of the hectic which accompanies phthisis pulmonalis. The emaciation proceeds; the appetite fails; nothing can allay the irritation of the cough; the fetor of the expectoration is insupportable both to the patient and the attendants; the bowels become much deranged. If you inspect the chest, you will observe, in general, the part corresponding to the affected portion of the lung quite motionless, as if it took no part in the act of respiration. Nothing is more uncertain than the duration of this disease, before it arrives at its fatal termination. I have had one case under my care for more than a year, and have known another which survived the first attack more than a year and a half. If it be combined with tubercular phthisis, it runs a more rapid course, and has its character modified by the complication. In general, death seems to be owing to the irritation of the system, rather than to the extent of the local mischief. The anatomic characters of the disease identify it with Hunter's description of unhealthy suppuration, or with what Travers describes as the results of gangrenous inflammation, or inflammation whose powers are inadequate to carry it to a healthy termination: these results are imperfect adhesion, an unhealthy suppuration, and a vitiated effusion at the expense of the life of the parts, complicated with a chemical decomposition of both fluids and solids."

We now proceed to the cases, which we shall considerably abridge.

Case 1.—J. Dunne, aged 19, a thin delicate boy, was admitted into Sir P. Dun's Hospital, for fever, in the progress of which he was seized with a profuse expectoration of "fluid arterial blood,"* which he said had often happened before. Camphor, digitalis, and opium, were administered. The hemoptysis ceased. After various turns of illness, he at length left the hospital; but returned again, decidedly hectic, his breath and expectoration being extremely fetid. In all the right lung, respiration could scarcely be heard—under the left clavicle was imperfect pectoriloquy. He died in two days from this time, and six weeks after admission into hospital.

Dissection.—"Head not examined; the apex of the right lung adhered so firmly to the corresponding part of the cavity of the chest, that it could not be separated without breaking its structure: this lung was much heavier than natural, and felt quite solid, except at its base; the investing pleura was universally thickened, and in some places had acquired the density of fibro-cartilage. The entire substance of the lung, except the base, was thickly studded with tubercles; the pulmonary tissue surrounding these bodies was either broken down into a soft, brownish, sloughy substance, or so condensed as to have its cellular nature quite destroyed; there were many irregular cavities traversed by bands of pulmonary structure; the surface of each cavity exhibited a blackish sloughy appearance; the base of the lung was quite free from tubercles, but was in the first stage of pneumonia.

"The left lung exhibited a similarly disorganized condition, the small irregular cavities were more numerous, and the intervening pulmonary structure softer, presenting the same dirty, sloughy, broken-down appearance. On pursuing some of the bronchial ramifications which opened into these cavities, their lining membrane was highly vascular, and, in some instances, black; the base of this lung, too, was in the first stage of pneumonia, and free from tubercles; the left cavity of the pleura contained about a pint of straw-colored serum; the pericardium about eight ounces of the same fluid. There was also an infiltration into the sub-serous tissue, connecting the substance of the heart and the pericardium; the heart was small and flabby; the abdomen contained about two quarts of serum; all the viscera of this cavity were healthy."

Case 2.—Arthur Maguire, aged

---

* Dr. Law must be aware that *arterial* blood from the lungs is *black* blood.—Ed.

37, in embarking for England fell into the river, and continued in his wet clothes till the vessel reached Liverpool. Five days afterwards, he was seized with pleuritic stitches in the left side, and soon began to spit blood and matter, in consequence of which he returned home, and came into hospital. On the day of admission, he discharged about a quart of "fluid arterial blood"—his countenance was pale and exsanguious—pulse feeble. He referred the pain to the left side below the nipple. Pectoriloquy with bruit amphorique was distinctly heard in this point. This side was distinctly more prominent than the right; and, on percussion, yielded a dull sound posteriorly and inferiorly, where respiration was inaudible. The diagnosis marked was—"cavity communicating with the cavity of the pleura, and effusion into the left side." The spitting of blood ceased, but was succeeded by cough and purulent expectoration, which soon became so fetid, that it was disagreeable to approach him. At intervals he discharged pints of greenish matter, which sometimes resembled, in color and consistence, the yolk of an egg. His breathing was relieved by these discharges. Obstinate diarrhœa, with colliquative perspirations, set in, and he died in seven weeks from his admission into hospital.

Dissection, 24 *hours after death*. —"On opening the thorax, a considerable quantity of air escaped from the left side; there was an effusion to the extent of two pints of thin greenish purulent fluid into the left cavity of the chest; a dense coating of lymph connected both pleura pulmonalis and costalis on this side in all points, except along the side of the spine, where these two membranes firmly adhered; the lung was compressed to about two-thirds of its natural size; the superior half was quite free from disease; in the middle of the organ, and about midway between the anterior and posterior margins, there was a cavity capable of holding a hen's egg, not lined with any defined membrane, but by the unequal, jagged, sloughy tissue of the lung; this cavity opened into the cavity of the pleura by an irregular opening about the size of a half-crown piece. Into the large cavity several smaller ones opened, all presenting the same unequal sloughy appearance. The base of the lung was hepatized, the bronchial glands were much enlarged, and contained an inky fluid in their centre; the right lung was quite free from disease. This case resembled pneumonia in its anatomic characters more than phthisis, but in its constitutional symptoms, at no period did it evince the high inflammatory action of true pneumonia."

Case 3.—John Walsh, aged 41, was seized, after exposure to cold, with pain under his right breast, and in ten days afterwards had cough and spitting. At the end of the fifth week, he discharged a pint of purulent matter. From this time, cough, with fetid expectoration, were the principal phenomena. The disease gradually sapped the foundations of life, and death put an end to his sufferings. Before this event, the right side of the chest became quite motionless. It did not seem to act in respiration.

Examination.—"The body very much emaciated; the right pleura pulmonalis and costalis adhered so firmly, that with great difficulty could they be separated; the lung was much heavier than natural.

On making a section of it from its apex to its base, there were innumerable small cavities with sloughy broken surfaces; the general structure of the organ resembled the dirty, greenish, softened pulp, to which we sometimes find the spleen reduced; a thin blackish matter exuded, emitting a most disgusting fetor."

Case 4.—John King, aged 24, of sallow and unhealthy appearance, stated that, about a month previously, after exposure to cold in a fit of intoxication, he was seized with severe pain in the right side, which was soon followed by cough, profuse spitting of blood, and difficulty of breathing. After a week, he applied to a dispensary, where he was bled, blistered, and physicked, with some relief:—but he still continued to expectorate large quantities of blood, and also passed blood by stool. On the 22d of January, the following symptoms were noted:—

"Countenance of a pale leaden hue; lips white and bloodless; pulse 120; respiration weak, very much hurried; great prostration of strength; appetite quite gone; excessive thirst; cough very teazing, coming on in paroxysms; sputa have the appearance and smell of putrid blood; he sometimes discharges nearly a pint of this blood at a time, and seems to vomit rather than expectorate it; from which, and from his discharging it by the bowels, I fancy he swallowed it in the fits of coughing; is constantly bathed in cold clammy perspiration. Percussion and auscultation bespeak the left lung healthy; the right side of the chest sounds dull, in its superior two-thirds both anteriorly and posteriorly. Gargouillment, cavernous respiration, and imperfect pectoriloquy, heard to the same extent anteriorly."

He died four hours after admission into hospital.

"Body not much emaciated; almost the entire of the right lung was hollowed out into a cavity, containing a large quantity of grumous blood in a state of putrefaction; this cavity was lined by a membrane; the small remains of pulmonary structure in its immediate neighborhood had undergone imperfect hepatization, and resembled liver that had been macerated; the left lung quite healthy; the pleura investing its base, and also the corresponding portion of this membrane lining the diaphragm, were converted into fibro-cartilage; the heart was small and flabby."

This case convinced our author of a circumstance which he had long suspected—that profuse discharges of blood, in cases where we know the lungs to be affected, often come from the stomach, in consequence of the patient swallowing the blood that comes from the lungs, and which, when accumulated, excites vomiting.

This paper of Dr. Law's concludes with a long critical note on Dr. W. Philip's doctrine respecting dyspeptic phthisis. From this note we shall only quote one short passage, and our readers will acknowledge that we have often made the same remark which Dr. Law makes.

"When Dr. Philip observes, it is surprising the state from which he has seen the lungs recover on the removal of hepatic irritation, I suspect, had he employed auscultation, he would have ascertained the integrity of the organ, and that this state of the lungs consisted in mere functional disorder. I cannot help questioning the accuracy of Dr. Philip's views on this subject, when I find him asserting that he has seen a person in the last stage of phthisis, saved by the glands of the neck swelling and suppurating."

Scarcely a day passes in which we do not see patients pronounced to be laboring under "*dyspeptic phthisis*," and where the whole attention is directed to the liver and digestive organs, when, in reality, the lungs are found to be in a state of complete disorganization. If auscultation do no other good than dissipate this hallucination respecting "dyspeptic phthisis," the labors of Laennec deserve a crown of glory.—*Ib.*

V.

MASS. MEDICAL SOCIETY.

To the Editor of the Boston Med. and Surg. Journal.

Sir,—In the account, published in your Journal of yesterday, of the annual meeting of the Mass. Med. Society, there is a slight inaccuracy respecting the proceedings that grew out of the petition of several physicians of Berkshire county. As your Journal has a very extensive circulation among the Fellows of the Medical Society, who ought to be correctly informed on the subject, you will confer a favor by giving place to the annexed statement.

At the last winter session of the Legislature, a petition was presented from several physicians of Berkshire county, praying "that they may be separated from the Mass. Med. Society, and be formed into a district society." This petition, with an order of notice, was served on the Recording Secretary, and in consequence the President called a special meeting of the Counsellors in April. At this meeting, the whole subject was referred to a committee of five, with instructions to report to the Society at their annual meeting in June. Accordingly, in June, the Committee made a long report, accompanied with a memorial, which they recommended should be signed by the President and Rec. Secretary, and presented to the Legislature.

Before any vote was taken, however, Dr. Childs, of Berkshire, submitted the following resolution, viz:—"Resolved, That the by-laws of the Mass. Med. Society be so amended, that the Fellows of said Society shall pay their annual assessments to the Treasurer of the District Society, provided that such Society exist in the District in which they reside, to be appropriated in such manner as the District Societies shall deem most conducive to the best interests of the medical profession." This resolution led to a very interesting discussion, but before it was disposed of, it was voted to adopt the report of the Committee, and to instruct the Counsellors to take the necessary steps to have the memorial presented. Both these votes passed *nemine contradicente.* The resolution was then committed to a committee of twenty, two from each district of Counsellors, with directions to report to the Counsellors at their meeting to be held on the day following.

At the meeting of the Counsellors, the Committee appointed by the Society made the following report:—

"The Committee of the Mass. Med. Society, to whom was referred the Resolution proposing an alteration of the By-Laws of the Society, respectfully report, That in the opinion of the Committee the Resolution ought not to be adopted in the form in which it was presented to the Society.

"In order, however, to meet as far as may be the wishes of the gentlemen from Berkshire county, the Committee have agreed to propose, that it be recommended to the Society to remit the annual assessments to the Fellows of the County of Berkshire for one year, and as much longer as the Society shall see fit. (Signed),

"NATHANIEL MILLER,
for the Committee.
"*Boston*, *June* 1*st*, 1831."

Before any vote was taken, the following resolution was offered and adopted, in place of the latter part of the Report, beginning with the words, "In order," &c.

"Resolved, that a committee be appointed to consider the expediency of paying over to the District Societies which exist or may be formed, within the four Censors' Medical Districts, for the purpose of purchasing books to become the property of said District Societies, all sums received for Licenses by the Boards of Censors of those Districts—and otherwise to consider what methods may be adopted to encourage the formation and increase of district societies."

The Report thus amended was accepted, and a committee of five appointed, with instructions to report to the Counsellors at their stated meeting in February next.

It will thus be perceived that no decisive measure has as yet been adopted, and no one probably will be, till after the report of the Committee.—There can be no doubt, from the spirit of conciliation and good will that was manifested during the discussion on all sides, that the course which will be pursued will contribute to preserve the harmony and advance the honor of the Society; and in justice to the parties it should be observed, that it was stated by one of the gentlemen from Berkshire, that it was not intended, for the present at least, to offer their petition. No event would be more deplorable to the profession of this Commonwealth, than that which would jeopard the interests of this Institution. For fifty years, its members have been laboring to advance the standard of medical education, and thus to guard the public against ignorant and empirical pretenders.

I am, with much respect, your obedient servant,

GEO. HAYWARD,
Rec. Sec. of the Mass. Med. Soc.
Boston, *June* 15*th*, 1831.

MEDICAL JOURNAL.

BOSTON, JUNE 21, 1831.

ENTOZOA.

IN that numerous class of wonderful stories told upon authority which it is difficult to discredit, yet containing circumstances which appear to be at variance with the established laws of nature, are those which relate to the introduction of animals into the human stomach, and their growth and increase in that cavity, until they find it convenient to change their abode, or some fortunate accident causes their expulsion. We speak not at all of intestinal worms, whose only proper nidus is the stomach and intestinal canal, and which perish immediately on being removed from this situation. We refer to animals of known species, generally found in very different situations, but which are said, in certain rare instances, to have been expelled from the human body, either by vomiting or by dejection. Thus we had, not long since, the account of a mouse, which, having amused itself for two years in a human stomach, was finally expelled by vomiting. A friend of our own was called suddenly to visit a patient who had passed by stool a living house adder; and saw the animal, five inches and more in length, actively swimming in a basin of water. But the greatest number of these marvellous accounts which have reached us, relate to the caterpillar tribe, which it would seem have a peculiar propensity to commit this error loci, and to place themselves in uncomfortable situations. We have now before us five of these caterpillar stories, most of them attested by great names, yet all so improbable in themselves, as would incline us to reject them without hesitation. That our readers may have the same opportunity with ourselves of passing judgment on these narrations, we shall give a brief sketch of them in the order of time, stating the facts precisely as given by the various authors.

1. Dodonæus, in 1581, speaks of a girl, nine years of age, who, having taken a vermifuge, passed living insects furnished with legs, and having more resemblance to caterpillars than to worms.

2. Henry de Bra, a physician, wrote to Forestus, in 1596, that a man, after complaining two years of violent cardialgia, vomited a worm resembling a caterpillar.

3. A physician of Mons communicated to Buffon, in the year 1771, a particular account of a real caterpillar vomited by a man in consumption, the 8th June, 1761. Its color was brown, with black longitudinal bands, his legs sixteen in number, his head of a bright jet. He was kept in a box, and supplied abundantly with various kinds of leaves, which, however, were found to remain untouched. Some other articles were then tried, and it was found that pieces of veal and chicken, previously chewed in the mouth, suited his taste exactly. He lived nineteen days, but not long enough to undergo a change of form. This account was published by Buffon in 1778.

4. Linnæus, in 1759, after having described the phalæna pinguinalis, which is a moth like those which fly about candles in the evening, asserts that it sometimes inhabits the human stomach, forming one of the most troublesome entozoa. He cites as his authority, the Memoirs of the Academy of Stockholm, 1755.

5. In August, 1826, M. de Cruveilheir presented to the Anatomical Society in Paris, a caterpillar, which he said had been sent him by a provincial physician, as having been evacuated from the bowels. MM. Lenoir and Cloquet, who were appointed a committee to examine the subject, expressed their disbelief of the story.

Our readers will agree with us, that the testimony of such men as Linnæus and Buffon is by no means to be despised or lightly esteemed. The difficulties which attend the admission of these facts on any testimony, are principally the following:—The temperature of the human stomach is constantly about 98 deg. Fahr.; a degree of heat which it can scarce be supposed any animal of the above-named species would be able to endure. 2. This organ, as well as the intestines, is constantly supplied with fluid, and is frequently filled with noxious gases. 3. Very little fresh air finds its way into their cavity. 4. Lastly, the gastric fluid which the stomach secretes in abundant quantity, and which possesses a sufficient solvent power to dissolve ivory and the metals, can hardly be supposed to be innoxious to a living animal, whose natural abode is widely different. All reasoning, in fact, would lead us to believe that any animal, transferred by any accident to the human stomach, must, from one or more of the above-named causes, instantly perish. Whether the theory or the facts be best worth trusting to, we must leave to those who are wiser to determine.

NEW REMEDY FOR COSTIVENESS.

In a late work on constipation, Dr. Reese speaks of a medicine which he has found highly useful as a cathartic, since it operates well in a small dose without causing any undue irritation of the rectum. Dr. R. mentions it as an alkaline extract of jalap, but without naming the mode in which it is prepared. We observe by a short paper in the April number of the Philadelphia Journal of Pharmacy, that Mr. Durand, of that city, has succeeded in preparing an article having the properties above mentioned, and probably agreeing with that of Dr. Reese in its chemical properties. The process by which it was obtained was the following:—Two pounds of pulverized jalap were digested for several days in one gallon of alcohol. The liquor was strained and filtered, and then slowly evaporated, in a water bath, to the consistence of an extract—small portions of carbonate of potass being added, from the beginning, every time the resin began to separate from the liquid. The quantity of alkali used was about twelve drachms, and seven ounces and a half of extract were obtained, of a reddish brown color and an alkaline taste. Mr. Durand is of opinion that had the process been performed more slowly, the result would have been much more considerable.

The effect of the alkali employed in this case, is to produce a saponification of the resin, and thus to render it less drastic and violent in its action. It is a well-known fact, that resinous purgatives, united with soap or alkalies, act more gently than the same articles alone. The soaps of aloes, scammony, and jalap, have of late years been in great use in Europe. They are generally prepared by dissolving in alcohol one part of resin with two parts of soap, and evaporating. The process above given has the advantage of containing more of the active principle in a given quantity than the soaps.

Dr. Reese administers the extract in the form of pills of three grains each, a dose being from one to three pills. Dr. Horner has exhibited it with advantage according to the following direction:—R. Alkaline Ext.

of Jalap, ʒij.; Syrup of Ginger, ℥ij. M. Dose one spoonful.

Mode of arresting Hemorrhage from Extraction of the Teeth.—A very severe and dangerous hemorrhage occasionally follows the extraction of a tooth. That this is, in some cases, the result of a hemorrhagic tendency in the constitution—in other words, of a want of contractile power in the coats of the arteries, seems clear, from the circumstance that some persons never have a tooth extracted, without considerable hemorrhage continuing for a long time afterwards. Several cases are on record which have terminated fatally, notwithstanding every effort which was made to stop the flow of blood. The usual mode of treating these cases, is to roll up a small bit of lint in a conical form, and to press it into the bleeding alveolar cavity, and then to produce pressure by a compress placed over it. These plugs are often imbued with styptics of various kinds, and caustic is occasionally introduced into the alveolar cavity. Failing these remedies, the actual cautery has been repeatedly used, and even the carotid artery tied, without effect.

When it is recollected that the bleeding vessel is situated at the very bottom of the alveolar cavity, it is astonishing that the simple method of applying pressure in immediate contact with it, which I am about to recommend, should not long ago have been adopted. The plugs of lint which are usually employed, are so clumsy and thick that they cannot be forced half way down the socket; and even if they are made more nearly to fit the cavity, the pressure which can be made upon them is very imperfect and uncertain. I have seen many very severe cases, and some in which the patient had very nearly sunk from loss of blood; but I never saw one in which I failed to stop the hemorrhage by the following simple process:—The bleeding alveolus is first of all to be ascertained, the coagulum carefully removed from it, and the interior cleaned by a piece of lint, and by rinsing the mouth with warm water. A strip of lint of sufficient length being torn off, one extremity of it is then to be introduced by means of any curved instrument which will reach the bottom of the socket, and pressed down to the very extremity of the alveolar cavity; a further portion is then to be forced upon the first, and so on until the cavity is filled, and every part firmly consolidated, by each portion being pressed upon by the next above it: when the cavity is thus filled, and the lint rises rather above the edge, a compress is laid upon it, so thick as to be pressed upon by the antagonist teeth. The mouth is then to be forcibly closed, so as to retain the plug in its place, and keep it constantly and very firmly pressed against the bottom of the alveolar cavity.—*Thomas Bell on the Teeth.*

Case in which a large Spoon was swallowed, and produced Ulceration of the Duodenum and fatal Peritonitis, by Mr. Houston.—The body of a maniac who died with symptoms of *peritonitis* in the Richmond Lunatic Asylum, was brought to the College of Surgeons for dissection. The peritoneum exhibited all the marks of violent inflammation, viz., copious effusion of lymph, and sero-purulent fluid, with extensive adhesions. A small quantity of the contents of the duodenum was found out of the bowel in the left hypochondre, and a large rusty iron spoon, eleven inches long, was found lying across the bowel, with the handle directed foremost and downward, where it had produced ulceration and perforation of the bowel, while the large end was lodged in the *pylorus*, which, though dilated, was neither ulcerated nor broken. The spoon was bent in the centre, where it rested on the vertebræ; but whether it had this form previous to being swallowed, or had acquired it afterwards, it was impossible to ascertain. From the position of the spoon, Mr. Houston infers that it had not been swallowed accidentally in the transmission of food, but had been forced down the œsophagus by the insane patient.—*Edin. Med. and Surg. Journ.*

Catalepsy accidentally cured.—Two cases of this kind are related in the *Annali Universali di Med.* for October, 1830. The first occurred in a girl, ten years of age, who had been cataleptic for several months. The paroxysms increased in frequency; various remedies were employed in vain, when, during an attack, she struck her head violently against a stone, which produced a flow of blood, which not only relieved the paroxysm, but also produced a complete cure of the disease.

The second case was a young farmer, of a melancholic temperament, of about twenty years of age, who, after continued trouble, was attacked with catalepsy, sometimes accompanied with delirium and somnambulism. Bleeding, leeches, baths, blisters, emetics, &c., were employed in vain, when a copious epistaxis spontaneously occurred about the thirteenth month of the disease, which was followed by a complete disappearance of the affection.

Chloride of Lime in Pectoral Disease, with great Fetor of Breath and Expectoration.—Drs. Graves and Stokes have administered the chloride of lime in a case of pectoral disease with great fetor of breath and expectoration, with remarkable benefit. The patient, in consequence of exposure, was attacked with pain in his side, and other symptoms of inflammation of the lungs, followed in a few days by fetid breath and expectoration, extreme debility, hectic fever, cough, &c. A pill of three grains of chloride of lime, with one of opium, was given three times a day, and the quantity increased to twelve grains a day. The bed was also sprinkled with a solution of the salt. The most rapid and marked amendment followed—the fetor of the breath and expectoration disappearing in a few days. The remedy was omitted, the fetor returned, and was again checked by resuming the use of the remedy.

Dublin Hospital Reports.

The Human Voice.—At a late Sitting of the Paris Academy of Sciences, some interesting facts were disclosed, in a paper by M. Bennati, on the Mechanism of the Voice. From his professional engagement of physician to the Italian Opera, he has had extensive opportunities of forwarding the object of his inquiries. He has observed that the voice is chiefly affected by the elongation of the uvula, which most persons who have had severe colds will readily understand; in some cases, that part of the human organ becomes so enlarged as entirely to prevent the issue of any sound louder than a whisper. The case of a lady was instanced, who entirely lost the use of her voice for several months, and was reduced to the necessity of writing all she wished to say; recourse was had in vain to several eminent physicians;—she at last was advised to use *a gargle of strong alum water*, which COMPLETELY RESTORED HER VOICE. A permanent organic enlargement is not unfrequent, in which case M. Bennati has successfully employed cauterization of the uvula, and has, in some cases, increased the *timbre*, and even added two or three notes to the compass, of the voice. Those who wish to benefit by such a curious discovery, will be glad to know how this is effected. He makes use of a metallic instrument, at the end of which is a bowl containing the lunar caustic, so shaped as to touch, simultaneously, the whole surface of the uvula, having a sliding lid to prevent contact with any other part, which is acted on through the handle of the instrument. The effect of the caustic is to excite the contraction of the muscles, and reduce the part to its ordinary dimensions. A few applications will prove its efficacy. An instance is cited, that of a pleader, who, after speaking a short time, lost the tone of his voice, his throat became dry, and convulsive coughing ensued; and he was obliged to relinquish pleading. Having consulted M. Bennati, it was discovered that the uvula was considerably elongated. He employed the caustic, and in nine applications his voice was completely restored, and he is now a distinguished advocate.

London Athenæum.

Medical School in Boston.—It gives us pleasure to state that the term of lectures in this School has been extended to *four months.* In their advertisement, the Professors say;—"this extension in the term of the lectures has been thought necessary to afford time for such a course of instruction and demonstration, as is deemed by the faculty to be requisite, under the advantages which have recently accrued to the school.

"The Legislature of Massachusetts, with an enlightened liberality, which does honor to our age and country, have extended the protection of law to the cultivation of Anatomy within this Commonwealth. The advantages which will hence result to Students resorting to this School will be sufficiently obvious. It will be the aim of the Professors to carry into effect the intentions of the Legislature in such manner as to evince, at the same time, their respect for the rights of humanity and their interest in the promotion of the healing art.

"The opportunities for practical instruction in the Massachusetts General Hospital will continue undiminished."

The Trustees of the University of Maryland have elected Mr. Julius T. Ducatel Professor of Chemistry, and Thos. H. Wright, M.D., Professor of Anatomy, for that Institution.

On page 205, second column, 12th line from bottom, for "pressure" read puncture.

Whole number of deaths in Boston the week ending June 10th, 20. Males, 13—Females, 7.

Of consumption, 2—unknown, 3—dropsy on the brain, 2—infantile, 2—scarlet fever, 2—dropsy, 1—drowned, 1—lung fever, 1—abscess in the head, 1—fever, 1—tumor on the heart, 1—croup, 1—intemperance, 1.

ADVERTISEMENTS.

TWEEDIE ON FEVER. Just received by CARTER, HENDEE & BABCOCK, Clinical Illustrations of Fever, comprising a Report of the Cases treated at the London Fever Hospital. 1828 and 1829. By Alexander Tweedie, M.D., Member of the Royal College of Physicians of London, &c. &c. &c. June 21.

TATE ON HYSTERIA. This day received by CARTER, HENDEE & BABCOCK, A Treatise on Hysteria. By George Tate, Member of the Royal College of Surgeons in London. June 21.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover. Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year. *Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, JUNE 28, 1831. [NO. 20.

I.

THE LATE MR. ABERNETHY.

The following brief account of this eminent surgeon, accompanies the notice of his death in the last No. of the London Medical Gazette.

Mr. Abernethy died at his seat at Enfield, on Wednesday, the 20th, between the hours of four and five in the afternoon. The event, we must confess, took us rather by surprise; though from the circumstance of his having retired some time since from business and the bustle of the town, on the plea of bodily infirmity and declining health, we should not have been quite so ill prepared for the intelligence.

Thus has one of the brightest stars of British surgery vanished from our horizon: we have lost the lineal successor—the immediate link that connected us with the times of Pott and John Hunter—the Haller of England—one of the ablest physiologists of our day.

We may be pardoned for applying to him the pathetic lines which were originally appropriated to one of his predecessors:—

"Cold is that hand which nature's paths display'd;
Dead are those lips on which instruction hung,
Fix'd are those eyes, enlivening all he said,
Forever mute is that persuasive tongue!"

It was the boast of Mr. Pott, the year before he died, that he had served, man and boy, in St. Bartholomew's Hospital, for half a century. Mr. Abernethy could lay claim to the same distinction: he was literally worn out in the service. He had not attained to the "days of the years of man's life," neither had he reached the ordinary average, which, it is remarkable, is generally allotted to eminent men in our profession—to anatomists more especially: he was only in his sixty-seventh year when he sunk under the disease—an asthmatic affection (complicated, we suspect, with disease of the heart *), which for several years, but particularly for the last two, has been bringing him down gradually to the grave. Nothing, we believe, worthy of any special notice occurred during the latter stages of his complaint—it was attended with general dropsy, and proceeded steadily to the extinction of the vital powers. One circumstance, however, connected with the severe attack which he suffered two years ago—that paroxysm which broke him up, and forced him to part forever from his beloved chair—may be here related.

We have many illustrations on record of original and powerful minds displaying the influence of their ruling passion when almost in the mortal struggle. Haller is said to have felt his own pulse, and marked some phenomena attending the last beats of fluttering existence; and John Hunter, amid the anguish of angina pectoris, scrutinized his symptoms with the eye of a pathologist. With Abernethy the lecture-room is well known to have been the scene of his chief delight; and in an attack which threatened him with suffocation, after some hours of struggling for his life, it is said the first words he uttered were, "egad, I think I shall still be able to lecture this afternoon!"

---

* The body, we understand, has not been opened.

Full half a century has elapsed* since the walls of St. Bartholomew's first received John Abernethy as a student. The progress which he made in his studies was exemplary: he had scarcely attained his twenty-second year when he became assistant-surgeon to the hospital, and succeeded Mr. Pott as lecturer in anatomy and surgery.

Nor was this any trivial period for earning a character: it was no vulgar time for becoming distinguished. William Hunter had just gone off the scene, after having gained immortal reputation both as a teacher and practitioner; and John was still in the full vigor of his powers and his fame. Yet was not the young Abernethy undistinguished: already had he given birth to anticipations the most sanguine. He could not have been above thirty, when we find Mr. Earle (afterwards Sir James) speaking of him as one "who, whether he was considered as a practitioner of surgery, or a philosopher, deserved to be mentioned in the most encomiastic terms;" and the very year after (1797) we find him, along with Sir James himself, honored with a niche in the temple of fame:

"—— Call Earle useful, Abernethy deep"—

says the author of the Pursuits of Literature—the learned unknown—who thus, too, qualifies him in a note:—"John Abernethy, Esq., F.R.S., a young surgeon, of an accurate and philosophical spirit of investigation, from whose genius and labors I am led to think the medical art and natural philosophy may hereafter receive very great accessions."

Thus early did he give promise of that fulness and maturity of merit, which he afterwards so conspicuously displayed.

He began to teach his profession, it may be observed, at a time when others are usually employed in learning it. But this was not all: he soon after presented the world with some of those essays on various subjects connected with his profession, which placed him in the very first rank of physiologists, as a man gifted with superior powers of observation, and with extraordinary clearness and originality of thought.

It was in one of those essays that he first announced his plan of putting a ligature on the external iliac artery; thus showing the practicability of effecting what was hitherto deemed impossible; and thus making good his title to be esteemed as a benefactor and preserver of his species, by saving the lives of numbers who must but for him have inevitably perished. The operation is classed by M. Roux along with that of John Hunter, for popliteal aneurism, and both set down as a brilliant epoch in the history of the progress of surgery. It procured Mr. Abernethy, in fact, a European reputation. Yet it may with much propriety be doubted whether the circumstances attendant upon this case entitle the subject of our present article to the honors of a philosophical inventer. The great operations of tying the external iliac, and of securing the carotid artery—which latter also he was the first, at least in this country, to perform—were the offspring of emergencies. They were, however, the applications to practice of preconceived theoretical knowledge; and it was this turn in Mr. Abernethy's mind which made him so constantly refer to Hunter. The peculiar character, in fact, of his professional pursuits, was the application of physiology to the improvement of practical surgery.

---

* Mr. Abernethy, we are informed, was sprung from Irish parents, but born in London in the year 1765. He was grandson of the celebrated presbyterian preacher, the author of the "Sermons on the Attributes."

In process of time, he succeeded Sir James Earle as physician to St. Bartholomew's; and it is universally known to how high a pitch of public estimation that establishment arrived, both as a hospital and a medical school, while his name was connected with it. We cannot enter into any very minute particulars in this rapid sketch, but we may allude to one circumstance, relating to St. Bartholomew's Hospital, at the period in question—the surprising paucity of operations in that establishment during Mr. Abernethy's time. We say, emphatically, during Mr. Abernethy's time; for to him has the circumstance been by common consent attributed. Of the fact itself there can be no doubt; it has been frequently announced in the most public manner, by one of the highest authorities at present connected with the hospital, that there are not nearly so many operations now performed in St. Bartholomew's as there were five-and-twenty years ago.

In this respect Mr. Abernethy will strongly remind us of Haller and John Hunter—the gods of his own idolatry; and, perhaps, were we appointed to assign him a suitable rank among the eminent of his profession, we should place him in somewhat of an intermediate position between those two greatest physiologists that the world has ever seen. Haller, indeed, was a physician, but he was probably the most surgical of physicians; while Abernethy was, perhaps, the most medical of surgeons. And John Hunter, we should say, was more of the pure surgeon than either. All were sensitively cautious, averse to the performance of operations, except in the very last resort; and in all, it may be attributed, perhaps, to their possessing, in an eminent degree, those "compunctious visitings of nature" which are so beautifully becoming to the great and benevolent mind.

Haller had almost a monastic abhorrence of blood. John Hunter held that a surgeon "should never approach his victim but with humiliation:" an operation, he considered, as a "reflection upon the healing art; the habitual operator, as a savage in arms, who performs by violence what a civilized person would accomplish by stratagem." Mr. Abernethy is known to have entertained much the same sentiments: he specially praises John Hunter for being averse to operations, and imputes it to him as one of the excellencies of his nature. Nor was his own averseness a factitious feature in his character. We remember on one occasion, not many years ago, when Mr. Abernethy had to operate on a patient for stone, the requisite incisions were made by him with all due skill and adroitness; but the business was far from being completed when his stock of *sang froid* manifestly failed him: he tried in vain to grasp the stone; he could not find it; he became embarrassed; he hesitated; and at last anxiously transferred the forceps into the hands of his assistant, plainly showing, at least, how little of the studied apathy of the stoic there was about him. He never operated for the stone again.

And here we cannot help reflecting how much for the worse opinions seem to have changed of late—indeed very lately—with regard to the duties of a practical surgeon. Operations are beginning once more to be looked to as the test of pre-eminent ability: and a surgeon, if he go not through his work with something like what Gibbon calls "the savage coolness of an anatomist"—with more regard to scientific and dexterous performance, even than to the life of his patient—is but too frequently supposed to be possessed of only an inferior degree of merit. But we have just cited three of the greatest authorities of latter times: and it should never be overlooked that the proudest boast of modern surgery is, that of diminishing the number of its operations.

Mr. Abernethy derived much celebrity from his lectures: he was certainly, in his day, the most famous teacher in London. And it could scarcely be otherwise. He began early, and in a good school; he was a fluent and energetic speaker, and having a clear and accurate conception of what he taught, he knew well how to place in a distinct and intelligible point of view even the most abstruse subjects of discussion. The spirit which he threw into his delivery, together with his felicitous and striking powers of illustration, gave also a peculiar charm to his manner.

But in what terms should we notice that native and rich humor which not only carried him to the bosoms of his pupils, but rendered him so marked a favorite with the public? Perhaps since the days of Dr. Radcliffe there has not been a medical practitioner so popular, and so much run after, both for his acknowledged skill and on account of his eccentric peculiarities. But how contradictory are the reports which are current on this subject! Many of his patients, no doubt, have come away from him affronted, and with their self-importance seriously disturbed; yet how many have still been found anxious once more to try the fate of their reception! What were these, however, to the numbers who visited him and took their leave impressed ever after with the strongest sense of his humanity, his superior talent, and his perfect good humor? Liberality, in fact, and kindness, were among the most prominent features of his character; and his humor, though sometimes remarkable for its causticity, was never disfigured by that coarseness which belongs to the innumerable anecdotes falsely attributed to him, and many of which are more remarkable for their brutality than their wit. We could readily swell our little narrative into a book full of his facetiæ and humorous ebullitions, but that the solemnity of the present occasion forbids even an approach to the levity of amusement.

As we have just been speaking of his success with the public as a practitioner, it is but right to add, that those who have never seen Mr. Abernethy till of late years, can scarcely form any adequate idea of him in the brighter period of his life. Had this great man condescended to adopt the arts too often practised for the purpose of getting money, what wealth might he not have accumulated! And having alluded to the accumulation of wealth, we are naturally led to another reflection on a subject somewhat metaphorically akin to this. Had the industry of Abernethy but equalled his genius, what treasures in science might he not have amassed! We have sometimes heard it laid to his charge, that his lectures in anatomy were rather too superficial—that he trusted, on many occasions, rather to the resources of his memory or his imagination, than to impressions derived from recent study and research—and that, as an author, Mr. Abernethy certainly might have done more. Both these imputations, however, are perhaps more visionary than real. If there were any semblance of truth about the first, the very imperfection imputed will be found to be not without a reasonable defence. The omissions in the matter of anatomical minutiæ were in many instances made advisedly; the lecturer probably thinking that such information was most properly to be acquired in the practical business of the dissecting-room, while the time thus saved would be most profitably employed in building up a sound surgical superstructure. And in laying down principles, what teacher ever surpassed the subject of our memoir? Then as to the deficiencies of his authorship, it is true that what he has published is not voluminous, but it is the concentrated essence of what might have been voluminous—the pith of the profound and extensive meditation of his earlier life. For our parts, we suspect had Mr. Abernethy had more time, and we are willing to add, more industry—consistently with his expressed principles—he might, in subsequent editions, have materially reduced the volume of his works. The motto, it may be mentioned, which he has adopted for one of his latest publications, is strongly indicative of his feeling on the subject:—"The increase of knowledge," says he, "is not like that of other things, for it is often accompanied by a considerable diminution of its bulk."

To us it is rather a pleasing subject of recollection, that the last paper Mr. Abernethy wrote was specially designed for the pages of this journal; and though given to the public anonymously, yet as the author even at the time expressed himself indifferent whether his name were known or not, there can now be little objection to divulge the fact, that the article signed "a Professional Friend," in our 5th volume, in defence of the College of Surgeons, was written by him. However imperfect his defence or explanation may be on certain points—for instance, on that of the self-election of the members of the Council—it cannot be denied but that it is luminous and candid, so far as it goes. The remarks on the supply of the anatomical schools, towards the conclusion, identify the writer with the gentleman who gave evidence before the parliamentary committee, April 28, 1828—and by these coincidences was Mr. Abernethy speedily detected by some who were bitterly jealous of his advocacy.

One anecdote, and we have done. Mr. Abernethy's memory was wonderful: no one knew when or how he formed his acquaintance with

Shakspeare, yet he had the writings of the immortal bard almost by heart, and used very frequently to quote them. He was fond of the theatre, too, and would himself sometimes try his skill in the histrionic art: on one of these occasions, when in company with Mrs. Abington, he burst forth in the language of Richard, and the celebrated actress whom we have just mentioned declared that she had never heard any one whose manner and delivery so much reminded her of Garrick.

Much of the intellect and humor which belonged to him were displayed in his countenance. The best likeness of him is that painted by Lawrence, from which an excellent engraving has been made;—it represents him in his favorite occupation of lecturing. Another, by Turner, which shows him at a later period, is possessed of merit; it has been copied in mezzotinto. There is also a small print which exhibits him standing with his hands in his pockets;—the general expression in this design is very happy, though the individual portions of the picture are less felicitous.

II.

REMARKS ON THE GOOD EFFECTS OF CALAMINE IN PREVENTING THE PITS OF CONFLUENT SMALLPOX. BY H. GEORGE, SURGEON.

Though since the introduction of vaccination, smallpox has ceased to be the general scourge it was formerly, still instances of that loathsome disease occur occasionally; and it must be satisfactory to the profession to be in possession of an expedient which may deprive the disease of half its ill consequences, by preventing its disfiguring effects. It may be a satisfaction, and perhaps an argument in favor of vaccination, to know, that even inoculation itself will occasionally fail in protecting a person from a recurrence of the disease in its most virulent form. As the subject of the present paper, though he had been inoculated in his infancy, took the disease, I trust that the experience of others will confirm the following statement. It is not my intention to enter into a detail of the constitutional management of the case, but to explain the manner in which the disease was treated locally, and with what consequences.

About the tenth day, my patient (aged 24) was much exhausted by his disease; the cuticle, from adhering to the bed-clothes, was abraded to the extent of six or seven inches on each hip, and to the same extent in each ham and on the back. I covered the exposed surfaces, and kept them constantly covered, with the prepared calamine. In four days at farthest, the cuticle was everywhere restored, the pulse became quiet, the appetite returned, and the man recovered more rapidly than usual. There is not a single pit to be observed on those parts where the cuticle was so extensively removed, and even the immediate surrounding pustules, which unavoidably were covered with the powder, have not destroyed the cutis. I will not pretend to say that any very elaborate train of reasoning led to the adoption of this plan, nor will I admit that it was adopted without reflection. I have frequently thought that any successful mode of local treatment would disarm the malady of half its loathsomeness, and as a consequence would control the constitutional disturbance.

The immense surface of exposed cutis, the discharge, the exquisite sensibility, all reminded me of the appearance and effects of a scald; and, reasoning by analogy, I tried the same mode of treatment, with the good consequences above stated.

London Med. Gaz.

III.

NEW MODE OF OPERATING FOR NÆVUS. BY DR. M. HALL.

This operation consists in the introduction of a couching-needle with cutting edges, at one point of the circumference of the nævus, close by the adjoining healthy skin. From this point the instrument is made to pass through the tumor in eight or ten different directions, so as to produce slight incisions through its textures, parallel with the skin, but not so as to pierce the tumor in any other part. The first point of puncture is to be made the *centre* of several rays of slight incisions effected by merely withdrawing, and again pushing forward the instrument, in the manner and in the various directions already mentioned. This plan was practised, under Dr. Hall's observation, by Mr. Heming, of Kentish-town, on a nævus somewhat larger than a shilling. A little pressure was applied over the tumor—there was no pain—no hemorrhage. For several weeks, nothing appeared to have been effected by the operation, and it was concluded that the operation had failed. "What a short time did not effect, however, a longer period accomplished completely. Half a year after the operation, the tumor was found to have disappeared, and the color of the skin to be nearly natural."

As the operation was performed in only one instance, and as a long time intervened between it and any sensible effect, we have some misgivings as to the "*post hoc, ergo propter hoc*," on this occasion. We once got into some discredit by strenuously recommending an operation for a nævus situated on the head of a child; but which operation was resisted by the tender-hearted mother. About a year afterwards the mother brought the child to us, when, to our surprise, the nævus had entirely disappeared, *without any operation*. We do not mention this fact to throw any discredit on Dr. Hall's proposal; but only to show that *one instance* is but slender ground for drawing a conclusion, either in medicine or surgery.—*Medico-Chirurg. Rev.*

IV.

CASE IN WHICH BRASS WIRE WAS EXTRACTED FROM UNDER THE SKIN OF A FEMALE, IN WHOM IT HAD INDUCED TETANIC SYMPTOMS.

To the Editor of the Boston Med. and Surg. Journal.

Dear Sir,—As the following case, from the singularity of the circumstances that attended it, may be deemed worthy an insertion in your Journal, I take the liberty of sending it you for that purpose. Yours, &c.

John B. Brown.

Mrs. A., a young married woman, about 25 years old, of feeble constitution, and lax, moveable fibre, sent for me in the night of the 31st of January, 1831.

I found her sitting in bed, very much bent forward, and unable to alter her position, so much even as to look up. The account she gave me, was, that she had been subject to cramp in her lower extremities; and that then she had it all over her, in consequence, as she supposed, of a sudden cold, taken by walking on snow and ice with thin shoes. There was nothing impossible or very improbable in this statement; and as I was not made acquainted with any other more rational way of accounting for Mrs. A.'s present symptoms, I looked upon it as an unusual and singular case. I prescribed an emetic of tart. antimonii, which I supposed would relax the spasms, as it happily did, as soon as the medicine began to nauseate the stomach; and in the course of half an hour, she was able to extend herself and lay in a horizontal position as usual.

Feb. 1st, 9 o'clock, A.M.—Found Mrs. A. very comfortable. She had had a good night and slept well. Her pulse were a little accelerated; but her skin was moist, and there had been no recurrence of cramp. Gave a cathartic.

Feb. 2d.—Found Mrs. A. as well as yesterday. The medicine had operated favorably. As I was about taking my leave, she rather incidentally drew my attention to a circumstance, which she did not herself appear to consider of much importance, but which led me to suspect that the spasmodic symptoms she exhibited, at my first visit, were of a tetanic character. She proceeded to state, that she had something in her side, which she could distinctly feel, and which was moveable. She supposed it to be a piece of bone, splintered from one of the ribs, by a fall that she had on the ice, about two years previous—that she felt it soon after this accident, and that it had at times given her uneasiness, by its pricking her, when she turned her body suddenly in a particular direction. It was difficult, at first, for me to feel the substance she mentioned, but at length I got it between my thumb and finger. It appeared about the length and size of a common darning-needle. I advised her to have it taken out, and she readily consented to it, but as it was not convenient to have it done that day, the next day was agreed upon for the purpose. In the night, however, of the same day, I was called to her again, and found her suffering under decided symptoms of tetanus. She was thrown convulsively back, and her jaws were locked. I had now no doubt, at all, that the foreign substance she had mentioned, and which I had distinctly felt in the morning, was the exciting cause of her present symptoms. I therefore concluded not to defer the operation until the next morning, as we had previously agreed to do, but to remove the substance, whatever it might be, immediately, although obviously much more inconvenient doing it in the night, than in the day.

Accordingly I cut down and took out a piece about an inch and a half long, but sensible that I had not got the whole; and upon farther examination, I discovered and took out another piece, about an eighth of an inch long. These substances proved to be pieces of small *brass wire*.

The spasms continued through the night. They came on very regularly about once an hour, and continued for fifteen or twenty minutes, when they went off entirely, and she could speak, and move herself in every direction, as usual.

During these paroxysms of clonic spasms, the two varieties of Tetanus, denominated Opisthotonos and Trismus, were exhibited in as perfect a manner as I have ever witnessed them in any case that has come under my observation.

Feb. 3d.—I asked Dr. Warren to visit Mrs. A. in consultation. The paroxysms still continued in full force, and as she was confident, from the pricking sensation she felt, that a portion of the wire still remained in her side, Dr. W. made a large incision for the purpose of ascertaining the fact, and of removing any fragment that might remain. The attempt proved ineffectual, as no vestige of the wire could be found. During the operation, a bubble of air was seen to come up from the lungs. This circumstance is mentioned here, as it may be of some importance should we attempt to solve the problem that naturally presents itself, viz., how came this wire here? Brass wire is an article not in common use among females—needles *are*; and the appearance of a needle in almost any part of the body would not be a circumstance, of very uncommon occurrence, it being well known that needles sometimes penetrate the skin without producing sufficient sensation to attract notice; and pass to extreme parts of the body with little or no inconvenience to the subject of their perambulations.

Feb. 4th.—Paroxysms still continued at irregular intervals. She was easily affected by opium. One grain would keep off the spasms for several hours. Musk also had a favorable effect, and was used as an auxiliary to the opium.

5th.—Paroxysms continued as on the 4th, at irregular intervals.

6th.—Mrs. A. had had no return of spasms since 3 o'clock, P. M., of the preceding day, about which time she felt something fall, as she thinks, from the external wound (made by cutting for the wire) down into the stomach. Prescribed ol. ricini.

7th.—There had been no recurrence of the spasms since the 5th, at 3 o'clock, P. M. The oil given the preceding day had operated very well, but owing to negligence, the dejections were not examined with sufficient care to determine satisfactorily, whether, or not, any unusual substance had passed.

8th.—She raised blood this morning.

9th.—She raised blood again.

17th.—Mrs. A. went on very well from last date. She told me, however, that the preceding night she had been kept awake by a pain in her right arm. Formerly, when quite young, she run a needle into her right thumb, which was broken off. The part was cut out at the time, but ever since, Mrs. A. told me that she had at times experienced pain extending from the right thumb to the right shoulder, very similar to what she suffered the night before.

19th.—Complained of a pricking sensation in the bowels, which she attributed to the wire passing down through the intestines; for she was fully confident that the sensation she felt on the 5th inst. was occasioned by a portion of the wire falling from the external wound down into her stomach.

21st.—Mrs. A. had had a slight spasm the preceding night. The right arm and shoulder were drawn back for a short time, but the paroxysm soon went off, and she was as well on this day as usual.

June 22d, 1831.—It is now nearly six months since Mrs. A.'s attack, and she has had but one slight symptom of tetanus since the 5th of February last. She has recently returned from a journey to the south, and from what I can learn, her health is better than it has been for several years.

I ought to mention that six weeks previous to my being called to her, as she was turning in bed, she felt something break in her side. She supposed it was the *bone*, for at that time she thought the moveable substance in her side, a splinter of bone from the ribs, as mentioned above. She was very faint for some time after this took place, and had not recovered her usual degree of health on the 31st of January last, the day on which she was attacked with this formidable complaint.

As a subject of curiosity, it would be some satisfaction to know how brass wire came to be in this woman's side without her knowledge.

> "The thing is neither strange nor rare,
> But how the d—l came it *there!*"

She distinctly recollects, that about a year before she perceived it, in attempting to swallow a piece of bread, she found great difficulty, and afterwards spit up blood from the throat. Her family also distinctly remember the circumstance, and the baker was dismissed immediately afterwards—not merely in consequence of this circumstance, but because she had frequently found dirt and other foreign substances in his bread before.

Is it not possible that a suspender wire, or a fragment of a tattered wire sieve, should by accident have gotten into the bread, and thus been swallowed? By the contractions of the stomach, or some other unknown cause, might not a portion of the wire have been straightened and propelled through the coats of this organ, the lower part of the lung, and the intercostal muscles, and, by the obstruction of the skin, been turned into a horizontal position, whilst the other extremity of it remained in the stomach? Could not the sensation of something breaking, which she felt some weeks before her recent illness, have been caused by a separation of the part thus protruded, from that in the stomach? and could not the sensation, which she afterwards experienced, on the 5th of February (when the spasms left her), of something falling down into the stomach from the external incision, have been the disengagement of this evil, which, having nothing to support it (the part protruded having been taken out), fell into the stomach, and afterwards caused, in its passage through the intestines, that pricking sensation which she complained of? This is all hypothesis, and I regret that I have not been able to ascertain in a more satisfactory manner the modus operandi of this important piece of wire. From all the facts and circumstances of the case, however, I am induced to believe that it was, in the first instance, taken into the stomach.

Boston, June 23, 1831.

MEDICAL JOURNAL.

BOSTON, JUNE 28, 1831.

VERATRIA AND COLCHICUM AUTUMNALE.

The next alkali with which Dr. Bardsley has furnished us the result of his experience, is the veratria, and the preparation used by him was the acetate. The reader will recollect that the substance known by the name of veratria, was first obtained from the veratrum *sabadilla* by those French chemists whose names were mentioned as having discovered the strychnia and brucia in nux vomica. The same indefatigable analysts afterwards discovered the substance under consideration, in the veratrum *album* and in colchicum autumnale; and the evidence of its activity was exhibited in its rapidly fatal effects on dogs and other qnadrupeds. As a medicinal agent, Dr. B. first tried the acetate of veratria in the following case of *dropsy.*

Hugh Cairns, 39 years of age, was admitted into the hospital on the 7th of November, 1826, on account of ascites and anasarcous swellings of the lower extremities. He had been ill three months. His urine was scanty, thirst urgent, pulse feeble, and respiration somewhat difficult. He commenced with a quarter of a grain of veratria every four hours. This quantity did not act upon the bowels with energy. It was then increased to half a grain at the same intervals. In this proportion it occasioned several copious watery dejections daily. On the 30th, the swellings were considerably diminished. He was now directed to take a grain of veratria twice daily. On the 9th of January he was discharged cured.

The hopes encouraged by the termination of this case, were subsequently disappointed by the total failure of the remedy to do good in any other of the 6 cases of dropsy in which it was administered, and in two of which relief was afterwards obtained from the calomel and squill. It appears, therefore, so far, to be of little value in medicine, and in no respect advantageous over elaterium, with which it appears to correspond very accurately in its effects on the human system.

The most valuable part of Dr. B.'s experiments on this head, are his trial of veratria, and of colchicum, each in 24 cases of *chronic rheumatism.* The fame of the meadow saffron in the cure of gout, rheumatism, and some pectoral complaints, is so high and extended, that the degree in which its efficacy may be attributed to this active principle which has been discovered in it, is matter of interest to every practitioner. The cases of rheumatism, to which Dr. B.'s observations with the veratria appear to have been confined, were very similar to those in which he administered the colchicum;—so much so as to be regarded by him parallel.

It is well known that hellebore and meadow saffron have each been suffered to be the basis of the famous eau-medicinale, which was long esteemed a specific for gout, and which exerted a power equally curative over its near relative, the rheumatism. The prescription from which this French nostrum was compounded, became extinct with its author—a fact which is never referred to by the bon vivant but with a solemn countenance, and which may perhaps be regarded by all as matter of regret. It will appear by the following table, that it will be hard to decide, from their effects on the system, which of the two simples above mentioned most probably gave its efficacy to the remedy of M. Haller. The form of colchicum used by Dr. B. was the vinous tincture prepared from the seeds.

24 CASES OF CHRONIC RHEUMATISM TREATED

1st, *with Veratria.*

Species.	Treatment.	Result.
Sciatica	Veratr. gr. 1-4 ad gr. ss. ter in die.	Relieved
Chronic Rheumatism	Ditto - - -	Relieved
Sciatica	Ditto - - -	Cured
Lumbago	Ditto - - -	Cured
Ditto . . .	Ditto - - -	Cured
Chronic Rheumatism	Ditto - - -	Relieved
Ditto . . .	Ditto - - -	Cured
Ditto . . .	Veratr. gr. 1-4 ad gr. i., bis in die	Relieved
Ditto . . .	Veratr. gr. 1-4 ad gr.ss. quat. in die	No benefit
Ditto . . .	Ditto - - -	Relieved
Ditto . . .	Ditto - - -	No benefit
Ditto . . .	Veratr. gr. 1-4 ad gr. ss. ter in die	Ditto
Ditto . . .	Ditto - - -	Ditto
Ditto . . .	Veratr. gr. 1-4 ad gr. ss. quat. in die	Ditto
Ditto . . .	Ditto - - -	Relieved
Sciatica	Ditto - - -	Cured
Chronic Rheumatism	Veratr. gr. 1-4 ad gr. ss. ter in die	Relieved
Ditto . . .	Ditto - - -	Ditto
Ditto . . .	Veratr. gr. 1-8 ad gr. ss. bis in die	No benefit
Ditto	Veratr. gr. 1-4 ad gr. ss. ter in die	Relieved
Ditto . . .	Veratr. gr, 1-4 ad gr. ss: quat. in die	Cured
Ditto . . .	Ditto - - -	Relieved
Ditto . . .	Veratr. gr. 1-4 ad gr. ss. ter in die	Cured
Ditto . . .	Ditto - - -	No benefit

2d, *with Colchicum.*

Species.	Treatment.	Result.
Sciatica	Vin. Colch. gutt. xxv ter in die	Relieved
Chronic Rheumatism	Ditto - - -	Cured
Ditto . . .	Ditto - - -	Relieved
Lumbago	Vin. Colch. gutt. xv ter in die	Cured
Ditto . . .	Vin. Colch. gutt. xxv ad xxx ter in die	Cured
Chronic Rheumatism	Vin. Colch. gutt. xxv ter in die	Cured
Ditto . . .	Ditto - - -	Relieved
Ditto . . .	Ditto - - -	Cured
Ditto . . .	Ditto - - -	Relieved
Ditto . . .	Vin. Colch. gutt. xv ter in die	No benefit
Ditto . . .	Ditto - - -	Ditto
Ditto . . .	Ditto - - -	Ditto
Ditto . . . Ditto . . .	Vin. Colch. gutt. xx ter in die	Relieved
Ditto . . .	Vin. Colch. gutt. xxv ter in die	Relieved
	Ditto - - -	Ditto
Ditto - - -	Ditto - - -	Cured
Ditto - - -	Ditto - - -	Relieved
Sciatica	Ditto - - -	Ditto
Ditto - - -		
Chronic Rheumatism	Ditto - - -	Ditto
	Ditto - - -	No benefit
Ditto - - -	Ditto - - -	Ditto
Ditto - - -	Ditto - - -	Ditto
Ditto - - - Ditto - - -	Vin. Colch. gutt. xxv ad xxx ter in die	Relieved
Ditto - - -	Ditto - - -	Cured

By comparing these tables, it will be seen that the Veratria cured 7—relieved 10—and failed in 7;—the Colchicum cured 7—relieved 11—and failed in 6. The coincidence is very remarkable, and leaves, in favor of the former, the advantage only of the convenience of administration from the small bulk in which it is given;—but the result of these cases appears to show that the efficacy of the meadow saffron is chiefly by virtue of the veratria contained in it.

The action of the two substances on the system was also analogous, both producing copious watery evacuations; and it is probable the claims of the saffron to a specific for gout, rest, in fact, on its power of producing such evacuations.

In the administration of both these medicines, Dr. B. noticed the pulse in a short time to become slower and depressed, and if the dose was rapidly augmented, distressing nausea and vomiting as well as purging. Yet he discourages its use in acute rheumatism, and considers the practice of Mr. Haden, who reports so favorably of it in this disease, as an exceedingly dangerous precedent. It will not perhaps be out of place here, to allude to the great and decided power of prussic acid in arresting vomiting, which is thus often the effect of large or continued doses of the colchicum. One or two minims of the acid, repeated two or three times a day, will seldom fail to arrest vomiting, however long it may have resisted other remedies. This fact must now be considered so well established as to require no further confirmation.

The dose of veratria is one-fourth of a grain, gradually increased to a half or whole grain twice or thrice daily. Of the wine of the seeds of the colchicum, the commencing dose is fifteen minims, and it may be slowly increased to thirty;—beyond these maxima, the stomach will rarely tolerate these powerful agents.

NEW MEDICAL DICTIONARY.

We have recently been favored with an opportunity of examining a sheet of a new medical dictionary, compiled by Dr. Dunglison, of Virginia, and published by Messrs. Gray and Bowen, of this city. The well-known talents and learning of Dr. D. would have led us to expect an able and thorough performance of any task which he had undertaken, and we are confident, from this specimen of the present work, that it will prove every way worthy of his high reputation. The only work on the same plan, in general use in this country, is that of Hooper, which, though sufficiently respectable in its execution, has not been improved to keep pace with the advance of medical science, or with the increasing demand for accurate information respecting the precise meaning of medical terms. Dr. Dunglison's plan seems to be to supply these defects, and to give all such explanation in regard to each word, as may be wanted either by the professional man or the general scholar. Along with the definition of each term, are given its etymology, its synonyms in Latin, Greek, French and German, and the variety which has been remarked in its orthography. The accentuation of each scientific word is also carefully marked, and a classic correctness in the mode of spelling is everywhere observable. We understand that the work is printed entirely from manuscript, and that, when completed, it will contain about 1200 pages.

HYDROPHOBIA.

This dread malady is again abroad in our land. Complaints are coming to us from every quarter, and with every day, of the number of dogs suffered to go at large, and of the fear excited by them in the minds of all good citizens. The number of rabid dogs which have been recently killed in other cities, very naturally suggests the possibility of the introduction of the disease among the canine inhabitants of this city, and we think the Government could do no wiser thing than take some effectual measure to diminish their number. We remember no period when dogs have been so numerous among us as they are at present. They are to be met at every corner; within twenty rods of our own door, we presume not less than a dozen may be found at any time; and we freely confess that they are a greater nuisance in a neighborhood than an open sewer or a refiner of sugar.

In this city, we understand a mad dog was killed a day or two ago. In East Cambridge a child has been bitten by a dog supposed to be rabid, and in Charlestown a lady has been severely injured in the same way, within the week. Even if these persons are never attacked by hydrophobia, they must live in constant apprehension of it, which is little better than the disease itself. The symptoms of this malady are not developed, in some cases, until 18 months after the accident, and even at the expiration of this period, the individual who has been bitten cannot be quite sure that the disease is to be escaped. The *earliest* period at which it has ever succeeded the bite, is stated by Dr. Hamilton to be the tenth day. Of 131 cases, 17 were seized before the 30th day; 63 between the 30th and 59th; 23 from 60 to 90 days; 9 from 90 to 120; and 14 from 5 to 19 months. The Dr. afterwards mentions the case of a boy bitten in the toe by a cat, on the 14th of July, 1797, in which the poison lay dormant until the 19th of November, 1800, a period of *three years and four months!*

SELECT MEDICO-CHIRURGICAL TRANSACTIONS.

This work is now in course of publication by Messrs. Carey and Hart, of Philadelphia. It is edited by Dr. Hays, and promises to be a very useful mode of presenting to the American Faculty the best memoirs read before the learned Societies of London, Edinburgh, Dublin, Turin, Paris, &c. It is well known that in Europe the most distinguished members of the profession are in the habit of offering their best productions to these Societies, and the mode of their publication, in large volumes, with papers on subjects unconnected with medical science, and often in foreign languages, renders it impossible that they should ever meet the eye of the profession generally in this country;—a subject much regretted by those few who have enjoyed opportunities of appreciating their importance.

The selection to be made at Philadelphia from all these volumes, of such articles as are of peculiar interest and practical value to the American practitioner, is to be published in neat volumes, as proper material may offer. The plan is certainly an excellent one, and under the conduct of Dr. H. will doubtless be well executed. The first volume is published, and fully meets our expectations.

Notice to Lecturers.—The Editor of a London Gazette, after remarking on a lecture respecting vaccination, which was delivered at the London Institution by a very learned man, in so low a tone as to be totally lost to the spectators (for we cannot say *audience* in such cases), very wisely observes, and let every lecturer profit by the observation, that "the first object of a lecturer should be, to be heard; the second, to be understood."

The Use of Sulphate of Morphine in Ophthalmia. By Charles A. Lee, M.D., *New York.*—I have lately employed a solution of the sulphate of morphine, in cases of ophthalmia, with very beneficial results. The first case in which I used it, was one of acute conjunctival inflammation, attended with great intolerance of light, with constant pain and itching. The relief was immediate, and no other wash was required. Every practitioner who has had much experience in this class of diseases, knows the inefficacy of the lotions in general use. For the most part, by causing irritation, they do more harm than good. Even the aqueous solutions of opium, the most sedative of any in use, are liable to this objection, as is remarked by Francis, in his Synopsis.

The advantages which morphine possesses over all others, recommended for eye lotions, are too obvious to need pointing out. As a direct sedative, it allays all pain and irritation, and diminishes that distressing intolerance of light, which usually attends ophthalmic cases. My usual formula is the following:—R. Sulph Morphine, gr. ij.; Aquæ dist. ℥i. M.

Some cases require a solution of greater strength, according to the severity of the symptoms. It should be applied tepid, and occasionally a cloth, dipped in the solution, may be kept applied to the eye. I cannot state, from my own experience, whether it will prove as useful in chronic as in acute cases, though, doubtless, it may be used advantageously to answer the same indications. From the atony of the vessels in these cases, stimulating lotions of the metallic salts will be indispensable.—*New York Med. Journal.*

Wound of the Pericardium and Heart.—M. Larrey exhibited to the Academy of Sciences, at their meeting on the 12th of December last, a soldier who had been wounded by a ball, which passed through the chest, entering two or three lines from the left nipple, and passing out between the spine and the scapula, half an inch from its inferior angle. It is supposed that the ball passed through the pericardium, a portion of the left lung, and furrowed the surface of the heart. There was, at the moment of the accident, extreme prostration, with all the symptoms which characterize these lesions. It was expected, for the first forty-eight hours, that he would expire every moment. By appropriate means he was recalled to life, and the cure was complete.—*Gaz. Méd.*

Vagitus Uterinus.—M. Baudelocque has communicated to the Academy of Sciences a case of labor, in which the waters being evacuated, the face of the child presented to the neck of the uterus, and the child uttered cries as strong as if it had been delivered. This and some analogous facts prove, according to M. Baudelocque, that it is important to introduce air within the membranes, as he has proposed, when the child is in danger of perishing.—*Journ. Universel et Hebdom.*

On the Phenomenon of Blushing.—M. E. A. Lauth observes, that he is not aware that any precise information has been afforded as to the kind of vessels which produce the color of the face. Most physiologists merely say that it depends upon the capillaries. M. L. states that, if the arteries are successfully injected, the whole of the face becomes of an uniform red tint. It cannot, therefore, be these vessels which produce the phenomenon of blushing. He has derived the following results from a perfect injection of the facial veins: the cheeks were deeply colored; the chin, the tip of the nose, and the forehead, obtained a slighter tint; and the other parts of the face were still less colored. This kind of coloration resembles that which is produced by mental emotions during life, and we may, therefore, conclude that blushing depends, in part, upon venous congestion.—*Mem. de la Société d'Hist. Naturel. de Strasbourg.*

Pathological Appearances presented in the Bodies of the Insane Dead.—1. *Case of Cheerful Monomania.* The dura mater much injected, and adhering in many places to the pia mater—the latter softened—the brain pale, and rather softer than natural—cerebral convolutions effaced—right ventricle full of water—cerebellum and spinal marrow sound—lungs disorganized—stomach and intestines livid, with gangrenous spots—liver softened.

2. *Melancholy Monomania, with Tendency to Suicide.* Membranes of the brain gorged with blood—no other unusual appearance in the head or chest—small intestines inflamed, as was the whole mucous membrane of the digestive tube, from the mouth downwards—many aphthæ in this track—liver enlarged and indurated—biliary concretions in the gall-bladder—spleen enlarged and indurated.

3. *Mania with Chorea.* Effusion under the arachnoid—cerebral substance hard and much injected—sanguineous effusion into the spinal canal, with traces of inflammation along the spinal marrow—all the other organs sound.

4. *Mania which terminated in Idiocy.* Some points of gangrenous aspect in the small intestines—brain very much softened, with much serum in the ventricles—nothing unusual in the other organs.

5. *Suicidal Mania.* Meninges and cerebral substance highly injected—heart large—traces of phlogosis in the digestive tube, especially in the duodenum and jejunum, whose parietes were thickened.

6. *Mania with Pride.* Meninges thickened and injected, having the appearance of parchment—strong adhesions between the two hemispheres—brain itself much injected—intestinal tube slightly inflamed.

7. *General Mania.* Much effusion between the membranes of the brain—pia mater inflamed, even to suppuration—cerebellum sound, as were the thoracic and abdominal viscera.

8. *Melancholia.* Considerable inflammation in the small intestines—cerebral meninges injected—the other organs sound.—*Med. Ch. Rev.*

Whole number of deaths in Boston the week ending June 16th, 19. Males, 11—Females, 8.

Of consumption, 3—dropsy on the brain, 1—fits, 1—scald, 1—bleeding, 1—intemperance, 1—inflammatory fever, 1—disease of the heart, 1—decline, 1—unknown, 1—old age, 1—scarlet fever, 1—dropsy on the chest, 1—rheumatism, 1—cholera, 1.

ADVERTISEMENTS.

GRAHAM ON INDIGESTION. This day received by **CARTER, HENDEE & BABCOCK**, a Treatise on Indigestion, with Observations on some Painful Complaints originating in Indigestion, as Tic Douloureux, Nervous Disorder, &c. By Thos. J. Graham, of the University of Glasgow. First American from the last London Edition, revised and enlarged, with Notes and an Appendix. Containing Observations relative to the Mode of treating Dyspepsia lately adopted and recommended by Dr. Avery, Mr. Halsted, and others. By an American Physician. June 28.

The attention of such of the subscribers to the Medical Journal as are in arrears for former Volumes, is respectfully called to the letters which have been sent to them the last and current month, and to the request in said letters that the pay for the current year be forwarded with that for the past years.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover. Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year. *Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, JULY 5, 1831. [NO. 21.

I.

ON THE TREATMENT OF ERYSIPELAS BY NUMEROUS PUNCTURES IN THE AFFECTED PART. BY R. DOBSON, M.D., SURGEON TO THE ROYAL HOSPITAL, GREENWICH.

In a Letter to W. Lawrence, Esq., F.R.S.

Read to the Medico-Chirurgical Society of London, Feb. 12th, 1828.

Royal Hospital, Greenwich, Feb. 11, 1828.

" Dear Sir,—I have been duly favored with your letter containing various queries relative to my mode of abstracting blood in cases of erysipelas, to all which I shall endeavor to reply as distinctly and concisely as possible.

" With regard to the nature of erysipelas in which I use the punctures, I answer, in all cases, whether simple, traumatic, or phlegmonous, the number of punctures I make at any one time varies according to the extent of the disease, but is rarely under ten, and seldom exceeding fifty; the depth and extent of each puncture vary also according to circumstances, being made deeper when the parts are more tumid, but more superficial when the tumefaction is not so great; from two to four-tenths of an inch may however be considered the proper answer to your inquiry. I repeat the punctures to the number and extent required, mostly twice a day, and often in bad cases three or four times in the twenty-four hours; and in the whole course of this practice, which has been resorted to by me in several hundred cases, having adopted it more than a dozen years ago, I have never seen any bad consequence resulting from its employment. The quantity of fluid (for it is not blood alone, but blood and effused serum) which these punctures discharge, although sometimes considerable, need never create any alarm; for however freely it may flow at first, it gradually diminishes and soon spontaneously ceases. I use these punctures in every part of the scalp, or face, body, or extremities, and never more freely than about the eyelids, and I have often found a patient with both eyes closed, which by freely puncturing he has been able to open in a few minutes: and what will not be found less true, than it may appear surprising, these punctures mostly heal in a few hours, and never entail any material marks upon the patient!

" Where puncturing has been practised from the first appearance of the disease, suppuration rarely takes place, and I have observed that it always diminishes the extent of that result even in those cases which have existed for some days before it has been resorted to: but when matter does at any time form under the skin, I let it out without delay wherever I feel it; but I think the integuments in those cases are more preserved by making several small openings, than by one large incision, and the matter is quite as well evacuated. And I am perfectly sure that before suppuration, puncturing, which can be repeated again and again as occasion may require, has every advantage over large openings, which, like punctures, cease to bleed before the disease is subdued, but which cannot like them be renewed, and are often followed by extensive ulceration.

"The adjuvants which I use with the punctures in this disease, are, in the first place, a brisk cathartic of extract of colocynth, scammony, and calomel ; I then prescribe the following mixture, which, while it keeps up the free evacuation of the bowels, acts rather cordially upon the stomach.

R. Mistur. Camphor. f℥ iij.
Liq. Ammon. Acet. Tincturæ Rhæi, āā f℥ iss. M. Suma cochlearia quo larga 3tiâ vel 4tâ quâque horâ.

I also employ a lotion composed as follows, viz :—

R. Liq. Ammon. Acet. Oss. Sp. Camphor. f℥ i.
Aquæ puræ, f℥ vij. M.

which, however unchemical it may seem from the camphor and spirit being divorced, experience has proved to be both a beneficial and a comfortable application, and may be always used with the punctures without any fear of revulsion or metastasis, which have sometimes resulted from the use of cold lotions without local abstraction ; and it is no uncommon practice for me to prescribe wine or even gin for my patients in this disease at this establishment, at the very time I am puncturing them twice or thrice a day !

"I feel myself called upon to state the reasons which first led me to adopt the above mode of treatment. I had long ago observed that the generality of the profession, when called upon to treat a case of erysipelas, were mostly in the habit of ordering the application of leeches to the parts affected, thereby implying their conviction, in which I fully concurred, that local abstraction was essentially necessary to the cure ; and having seen great inconvenience occur, and much valuable time lost, either from the difficulty of obtaining leeches, or, when procured, of making them attach themselves where most wanted, in the winter of 1813 and 1814, when I myself was attacked with erysipelatous inflammation of the right arm, consequent upon fever, to which leeches were directed to be applied—none being to be procured either in Rochester or Chatham (where I was then employed as surgeon in the Trusty hospital ship in the Medway)—I determined upon trying the effect of puncturing my arm in various places with a lancet, which I had often thought might be beneficially substituted for leeches, whose tardy triangular perforations it appeared to me could have no advantage over simple punctures promptly made in any situation, and to any depth, extent, or number, that might be required. And the relief they afforded me was far from disappointing my expectations, though I confess that I did not derive all the benefit from them which I might have done, had less time been lost before they were recurred to, or had they then been used with the same freedom which subsequent practice has proved to be so efficacious: suppuration, however, was happily prevented.

"The favorable result of puncturing in my own case, encouraged me to try its effects in others. I did so with great caution at first, selecting only those cases in which the disease affected the extremities alone; but acquiring confidence in it by success, I soon began to use it more generally, and for several years past I have employed puncturing, in the manner above detailed, in every case of erysipelas which has occurred to me in any part of the body; and in an extensive hospital practice my opportunities have been very numerous. But it is not to my hospital patients alone that this mode of treatment has been extended: I have employed it among women and children, and have prevented suppuration and sloughing of integuments in several, whose faces I have found perfectly hideous from the disease, and in whom I firmly believe that it would not have yielded to any other treatment. I am far from wishing to vaunt the success of my own practice, but I feel myself justified by it, in assuring the profession at large, that where erysipelas is confined to the extremities, or where it attacks the parts exterior to the cavities of the cranium, thorax, abdomen, or pelvis, the treatment above described has proved uniformly successful. And in the only two cases in which it has failed, out of several hundreds in which I have employed it, examination after death proved, in both, that the meninges of the brain were affected by the disease, to which I had reason to suspect it had extended before I had an opportunity of adopting the punctures.

"Before I resorted to this practice, I used to bleed freely in erysipelas; but experience has convinced me that general bloodletting is not so beneficial in this disease as, reasoning from its utility in other inflammatory affections, one would be apt to infer; and that puncturing, whether it be to discharge a fluid already effused, or to relieve gorged and distended vessels, has greatly the advantage over general bleeding, which, by directly diminishing the natural stimulus of the heart, and probably by promoting absorption of morbid matter (which in the other mode is evacuated), tends more to debilitate the patient and to increase the danger.

"Previous to concluding this letter, it may not be unimportant for me to add, that I do not confine the practice of puncturing to cases of erysipelas alone, having long been in the daily habit of using it in every other inflammatory state of the skin requiring local abstraction; and I find it so exceedingly useful in the vicinity of old and irritable ulcers, that I have not had occasion to amputate a limb for ulcer of any description since I have had recourse to this mode of treatment, though it will be readily credited that we receive a great number of very bad ulcers in this institution, where thousands of men who have been maimed in the naval service are provided with an asylum.

"I remain, dear sir, your most obedient servant,

"R. DOBSON."

II.

PHTHISIS—BENEFICIAL EFFECTS FROM INHALING CHLORINE.

THE following extracts from one of Dr. Elliotson's recent clinical lectures will be found interesting.

I have now used the inhalation of iodine in several cases, but I cannot say that in one it has yet effected a cure. I have used it in three cases, where there was decided excavation of the lungs, and this was one, and in all three death has taken place, I should think, much about the time it would otherwise have done. These were cases of excavation of the lungs; but whether it would cure the disease before excavation has taken place, I cannot, of course, pretend to say. I confess I have very great doubts on the subject; and when any person tells me that he has ascertained the existence of tubercles in the lungs, and found them disappear under the use of iodine or any other medicine, I must be well satisfied that that person is a *very excellent* auscultator, before I can give credit to his assertion. I do not think many people are able to say in general with certainty that tubercles exist in a solid state, without excavation, and that, after a time, these tubercles disappear. I should very much doubt any observations of my own on such a matter, notwithstanding I have carefully attended to auscultation now for several years; because you cannot satisfactorily ascertain the existence of tubercles unless they are very numerous and aggregated so as to render one spot of the lungs solid. I have frequently found tubercles in the lungs after death, where no sign of them whatever was given during life. Where, however, they are aggregated, so as to form a mass, there, of course, on striking externally, you will find a dead sound, and there will be less respiration there than natural, or none at all. But persons ought to be exquisitely nice auscultators to be able to declare the existence of tubercles with certainty, unless the deposition is considerable. We know that in chronic bronchitis, large tubes may be blocked up for a time, so that no respiratory murmur can be heard at the spot, and that afterwards these tubes will become open, and respiration be heard. I have seen respiration of a whole lung thus absolutely suspended for a whole fortnight, without any bad symptoms, and then the respiratory murmur spontaneously return. When we reflect on this, and the extreme difficulty of detecting tubercles, if not thus aggregated, before excavation has taken place, we ought not to place easy faith in the accounts which are given of tubercles having existed in the lungs and been removed. I do not presume to assert that such things have not taken place, but I confess I would rather witness them myself than believe such observations on the statements of others, unless, indeed, they were the conviction of several persons, known to be excellent auscultators; not of one or two individuals. I should doubt my own observations alone; I would not assert that tubercles had existed, and been removed, in a single case, unless several friends, on whom I could depend, confirmed my observations on the particular case, excepting, of course, instances of tubercular *masses*; and that iodine will remove them I much doubt. I would not place any reliance upon the observations of any one who declared he could ascertain all by the naked ear that others could by the stethoscope; because this instrument affords infinitely greater nicety of observation. If the plug is removed, the sounds of both the heart and respiration are greatly magnified; there are some places of the chest to which the ear cannot be applied, as, for instance, in the axilla; and the contact of the side of the head with the chest is so much greater than that of the instrument, that adventitious rustling sound frequently obscures the observation: lastly, the stethoscope can be applied to each individual point of the chest successively, with extreme nicety and expedition. Of course, the naked ear will give great information. But the nicety of the stethoscope is altogether far greater.

I have, however, used iodine in other cases than these three, but what has been the result I do not know. Several cases I have not seen again, and others are still in progress; but I cannot say that in any of them there has been such an improvement as to make me entertain very sanguine hopes of ultimate success. At the same time it would be very wrong to discourage trials. Such attempts are in the highest degree laudable, and I have no great respect for those persons who think that the profession can never be improved, and are content with allowing their patients to die under the old-established jog-trot routine of means—well established as unsuccessful. We ought not to go on affording mere palliation when there is the slightest probability of doing real good, or of doing, in the slightest degree, more good than before, by any new means. I think it shows a very narrow mind to set one's face against attempts at improvement. I therefore give credit to all gentlemen who suggest anything new, and still more to those who make exertions to carry such things into effect; but certainly I have not found even such temporary benefit under iodine as would give me very sanguine hopes. When there has been no evidence of anything more than membranous affection, good has accrued; and, in excavation, certainly some alleviation. But I have used chlorine with certainly very considerable alleviation. I am attending a lady at this moment, who could not bear the inhalation of iodine in the quantity of a drop of the saturated tincture to three-quarters of a pint of water; it produced irritation, and yet she is able to inhale, in the same quantity of water, twenty drops of the saturated solution of chlorine, and the effect has been such, that her cough is nearly gone, and her expectoration reduced in a very great degree. I cannot believe that she will get well; but the amelioration has been such as I never saw before under the use of narcotics, or any other means whatever. There is a patient in this hospital laboring under phthisis and other complaints, and very bad he is, who could not bear the iodine. He used the smallest quantity that can be employed, but it immediately produced uneasiness, whereas he bears chlorine very well. In him the expectoration and the cough have been so reduced, that he will hardly allow there is anything the matter with him. He says I have given him a new inside. The expectoration still exists to a certain extent, but the mitigation is such as I never saw before in phthisis, from any means whatever. I have seen several other cases, both in private and public, where there has been a great mitigation under the use of chlorine; but whether it possesses curative powers, I cannot, of course, at present say. The iodine I know very frequently irritates, and it is necessary to add the tincture of conium, or of opium, or prussic acid, or hyoscyamus, to the solution, in order to prevent its injurious effects; but I have not found this necessary with chlorine; and when narcotics have been inhaled with iodine, they may often have deserved the whole credit, for I know that alone they are extremely useful.

It is a striking fact that persons who cannot bear iodine in any quantity whatever, can bear a full portion of chlorine: it is not in one case or two merely that I have observed this circumstance.

I think, as medical men, we have all been much to blame for neglecting the inhalation of various substances, though proposed and practised thirty or forty years ago; because we make applications to the surface of the body when it is variously diseased, and to the alimentary canal, and by inhalation we can make application to the air-passages themselves, when they are diseased. Nothing is easier than to make people inhale different substances by means of warm water. Inhalation is a more difficult thing if you employ gases; it cannot be done unless you have a large receptacle, with the substances of, the exact strength that can be borne; but by causing the patient to inhale through impregnated water, so that the air is impregnated by the substance you employ, you can in that way employ any quantity you think proper of various substances. You have simply to take a common bottle with a broad mouth, and put a bung in it, with two apertures, through which you introduce two glass tubes. One of the tubes should pass to the bottom of the fluid, to let down the air from the atmosphere, and the air then rises up the fluid to the surface, and ascends the other tube, which merely passes through the cork, not descending so low as the surface of the fluid, and is breathed *from* at the opposite extremity by the patient. It is the simplest thing in the world, and can be employed without any expense.

III.

CHRONIC DISEASE OF THE LARYNX.

From the same source as the preceding, we derive the following history of a disease not uncommon among us. It is often mistaken for Phthisis by the inexperienced, though one of the most strongly marked of all the diseases we are called to treat.

A man was admitted on the 17th of February, with disease of this part, who had been ill four months. He was a waterman, and consequently much exposed to cold and wet. He had been ill the winter before last, but had got better in the summer,—not quite well, but better. His symptoms, at admission, were hoarseness of voice and hoarseness of cough; for hoarseness may affect both. There was no tenderness of the larynx, but slight expectoration, which, he said, had been a little streaked with blood. Now this was all, except that he looked thin. There was no sign of disease of the lungs, and the hoarse voice and harsh cough, though unaccompanied by tenderness of the larynx, left no doubt whatever in my mind that his disease was simply a chronic affection of the larynx. I would say the same with respect to disease of the larynx that I said with respect to ulceration of the mucous membrane of the intestines. I do not believe it is possible to say with certainty whether a person has merely chronic inflammation or has ulceration, or some peculiar organic disease of the larynx. I wrote at the head of the bed "*morbus laryngis*" only. I have frequently seen great hoarseness of voice and cough, and mucous or puriform expectoration, with tenderness on pressure of the larynx, and yet, on opening the body, I have found no ulceration. Sometimes I have found thickening —sometimes I have found very great roughness, but without ulceration; sometimes I have found excrescences, sometimes great ulceration; but I do not know any symptoms that will enable one to say with certainty which of these various states exist; unless, indeed, you see ulceration on looking into the throat. If there be a hissing noise in the voice and respiration, you may conclude that the passage is narrowed; but then I do not think you can say whether there are excrescences or merely great thickening of the affected part, or what is the cause of the narrowness.

Now if there be anything more than common chronic or syphilitic inflammation or ulceration, I do not think you can do good in these cases. It is right always, except in syphilitic cases, to *begin* by treating these cases as if there were simple inflammation or simple ulceration. Indeed the only difference between the treatment of common inflammation and syphilitic in these cases, would be that (unless where much inflammation was present) in the latter mercury alone would be trusted to; and, in all simple cases, leeches to the larynx every other day, and ten grains of blue pill twice a day. I did not see any reason for supposing there was anything syphilitic in the case, and he said that he had never had syphilis in his life; but in chronic inflammation of these parts, as of so many others, I know mercury is an excellent medicine. I have tried balsam of copaiba, and various other things, but they have been very unsatisfactory in my experience. I ordered him likewise, in case there should be ulceration, to inhale some chlorine; but I do not know whether it was ever put into practice, for all at once, while he was sitting up at breakfast, as well as usual, he was seized with a difficulty of breathing, fell back in bed, his respiration became very croupy, and he never spoke again. It occurred before I arrived at the hospital, and I see he was ordered a mustard poultice to the neck, and, as soon as it had drawn, a blister, and half a drachm of spiritus ammoniæ compositus in camphor mixture. He lived, I understand, about two or three hours, and then expired, without having spoken after the commencement of the attack. This is an event that continually occurs in the slightest disease of the larynx. I had two patients in this hospital, who had only a slight sore throat, within these two years, which attracted no attention; but in a moment they fell back—one died before anything could be done, and the other died in a few hours, before I saw her. In all diseases of the larynx, from the most violent down to the *slightest* inflammation, there is this danger; the patient is in constant danger of spasmodic asphyxia. The parts are so irritable by nature that they are easily thrown into a violent spasm, and the glottis is shut immediately, so that a patient may die as if a ligature had been passed round, and he had been hanged. In other cases, however, respiration is only greatly impeded; and such was the case in this man. The same occurrence happened to a patient of mine two years ago, when one of my colleagues was passing round with his dresser; the man suddenly fell back in bed. He was here for a very different complaint, and had nothing but a slight sore throat, for which I had ordered six leeches, but it so happened that the inflammation inclined a little towards the larynx, and spasm of it was accidentally excited; and he died while all the parties were in the ward. I was not there at the time. There was nothing found after death but the very slightest inflammation just about the glottis.

Now in the instance before us there was considerable disease of the larynx, as I will show you; quite sufficient to account for all the symptoms. Here was, in the first place, thickening of the whole epiglottis. The mucous membrane and the cellular membrane underneath are in a state of considerable hypertrophy, also, at the glottis; and you observe an excessive growth in one spot, at the left side of the opening, an excrescence almost like fat in appearance. Then within you will find hypertrophy of the same structures. The left side of the interior of the larynx you see is very much thickened, and within the corresponding sacculus a deep ulceration exists, so that the cartilage grates under a probe introduced into it, like a carious bone. The perichondrium is gone. If in this man, at the moment of sudden dyspnœa, an opening had been made below those parts which were in a state of irritation and spasm, he would have survived that *one* attack: but with such disease of the larynx he, of course, would ultimately have died.

IV.

IDENTITY OF THE NERVOUS AND ELECTRIC FLUIDS. BY DR. DAVID.*

Extract from an Inaugural Thesis, Paris, 1830.

M. David, having been long struck with the numerous analogies which had been detected between the phenomena of electricity and the nervous power, instituted a series of experiments upon this very interesting question; and the results very strongly confirm those which Dr. Beraudi made, and which we published. We take the following extract from the Archives Générales.

In September, 1829, M. David exposed the nerves of the thigh of a chicken. He then divided them, and introduced into the neurilema a small brass wire, proportioned to the size of the nerve: the wire was made to touch the nervous pulp. Having then placed, near the opposite end of the metallic thread, a small needle, the latter exhibited very manifest oscillations. These oscillations appeared to M. David to be in proportion to the movements of the animal; so that they were much greater when the motions of the animal were more powerful. At some moments the oscillations of the needle were not manifest, and it was found that then the wire was not in immediate contact with the nervous pulp.

M. David repeated this experiment several times upon the largest nerves, and he frequently found the extremity of the needle describe an arc of four or five lines, and even more. If he forced the animal to struggle, at the same time that he held the extremity of the wire at a greater or lesser distance from the needle, he could evidently prolong the oscillations of the latter.

---

* From the Lond. Med. and Phys. Journ.

These experiments were too imperfect to convince M. D. that the nerves transmitted an electric current. The effects might possibly arise from an involuntary shock produced by the wire against so moveable an apparatus : and, again, if the oscillation of the needle did really depend upon an electric current, the latter might be the result of oxydation of the metal. To avoid these probable sources of error, M. D. afterwards experimented with the multiplicator of Schweiger and threads of platina : the results were still the same.

The sciatic nerve of a rabbit was insulated and laid bare, and carefully sponged ; a piece of glass was gently introduced between the nerves and muscles, while the leg of the animal was bent. The sensibility of the nerve was shown by the motions of the animal during the introduction of the needles, the one above the other, but not touching each other. They were placed in communication with the galvanometer: the animal was quite tranquil, and the needle of the multiplicator was at rest. By a sudden movement of the rabbit, the apparatus was deranged, but the needle clearly deviated and moved. The needles were again introduced ; some muscular contractions succeeded ; again the needle oscillated, but so slightly as not to convince the assistants. The animal, however, soon made some very vigorous and repeated exertions, and there was no longer any doubt of the fact, for the needle now described an arc of more than two lines. The oscillations ceased with the motions of the animal, and again appeared when it moved. The animal was excited to make contractile efforts, by stimulating the nostril or irritating the nerve, and the needle immediately oscillated, and the arc it described was great in proportion to the energy of the muscular exertions which were provoked. The phenomena could, in fact, be caused at will. With four needles, double the effect could be produced than when two only were employed. In general, the intensity of the phenomena diminished with the vigor of the animal, and they were not observable after death. When two needles were placed in a nerve, and two in a muscle, the oscillations were barely perceptible. When all four were introduced into a muscle, M. David could obtain no deviation of the galvanometric needle.

Other experiments demonstrated the reason why, sometimes, the phenomena may not arise when needles were placed in a nerve. The causes of the non-occurrence of the phenomena may be either, 1st, insensibility of the nerve from its being strained, or pressed upon, in sponging it ; 2d, its too great tension over the glass placed beneath ; 3d, blood may cover both the nerve and needles ; 4th, the perfect dryness of the nerve produced by the sponge. It is then necessary to place the nerve for a moment in contact with the muscles, and its power is restored. It is highly important that the needles and the extremities of the threads of the galvanometer should be perfectly clean.

M. David considers these experiments sufficient, 1st, to prove that organized beings have a special apparatus, which is destined to furnish an electric current ; and, 2d, to show the circumstances which are required for its production. Needles implanted in a nerve which is completely separated from the spinal marrow, produce no motion in the magnetic needle: but if a nerve is experimented upon *above* the part where it has been divided from the nervous centre, an electric current will be produced, which will cause the needle to deviate. When the spinal marrow is divided between the occiput and the first cervical vertebræ, none of the nerves will give rise to any electric phenomena. Among some sufficiently obvious inferences that M. David draws from his experiments, he observes, that muscular contraction is not produced by an inherent force in the muscular fibre, either irritability or contractility, which are purely imaginary faculties, but by the electric currents furnished by the nervous branches which the muscles receive.

MEDICAL JOURNAL.

BOSTON, JULY 5, 1831.

RURAL CEMETERY.

The practice of burying the dead in cities, and especially under churches, is without doubt at enmity with good taste, ancient custom, and, *we* believe, sound philosophy. It is therefore with great pleasure we find the subject of a rural cemetery in this vicinity, taken up with so much spirit by the Mass. Horticultural Society. The spot which has been selected for this purpose, is that so well known, in Cambridge, by the name of *Sweet Auburn*—unquestionably the most delightful and picturesque spot within ten miles of Boston, and from its peculiarly varied surface and luxuriant forests, perfectly well adapted to this interesting purpose. Part of this tract of land is to be used for a garden of experiment, and as it contains about seventy-two acres, this very happy association may be effected without inconvenience. We present below a few extracts from the report on this subject read to the Horticultural Society at their last meeting. These extracts are taken from different parts of the report, every line of which bears strong evidence of the source from which it came. The literary productions of the learned President are no more to be mistaken than the fruit of the native vine, or the flower of the southern clime which he has labored so zealously and so successfully to cultivate and improve.

"With the Experimental Garden, it is recommended to unite a Rural Cemetery; for the period is not distant, when all the burial grounds within the city will be closed, and others must be formed in the country,—the primitive and only proper location. There the dead may repose undisturbed, through countless ages. There can be formed a public place of sepulchre, where monuments can be erected to our illustrious men, whose remains, thus far, have, unfortunately, been consigned to obscure and isolated tombs, instead of being collected within one common depository, where their great deeds might be perpetuated and their memories cherished by succeeding generations. Though dead, they would be eternal admonitors to the living,—teaching them the way which leads to national glory and individual renown.

"Such rural burial places were common among the ancients, who allowed no grave-yards within their cities. The Potter's Field was without the walls of Jerusalem, and in the Twelve Tables, it was prescribed 'that the dead should neither be buried nor burned in the city' of Rome. Evelyn states, 'that the custom of burying in churches and near about them, especially in great cities, is a novel presumption, indecent, sordid, and very prejudicial to health; it was not done among the Christians in the primitive ages;' was forbidden by the Emperors, Gratian, Valentian and Theodosius, and never sanctioned until the time of Gregory the Great. The Eastern Christians do not now inter the dead within their churches. During the age of the patriarchs, groves were selected as places of sepulture. When Sarah died, Abraham purchased 'the field of Ephron, in Machpelah, with all the trees that were therein and the borders round about, as a burying place,' and there he buried his wife; 'and there they buried Abraham, Isaac, Rebekah and Leah;' and when Jacob had blessed his sons, 'he said unto them, I am to be gathered unto my people: bury me with my fathers in the cave that is in the field of Ephron.' Deborah 'was buried beneath Beth-el, under an oak,' and the valiant men of Jabesh-gilead removed the bodies of Saul and his sons from the wall of Bethshon, and 'buried them under a tree.' Moses was buried in 'a valley in the land of Moab;' Joseph in 'a parcel of ground in Shechem;' Eleazer, the son of Aaron, 'in a hill that pertained to Phinehas,' and Manasseh with Amon 'in the garden of Uzza.'

"The planting of rose-trees upon graves is an ancient custom; Anacreon says that 'it protects the dead;' and Propertius indicates the usage of burying amidst roses.

"Plato sanctioned the planting of trees over sepulchres, and the tomb of Ariadne was in the Arethusian Grove of Crete. The Catacombs of Thebes were excavated in the gorges of the forest-clad hills, on the opposite bank of the Nile, and those of Memphis were beyond the lake Acherusia, from whence the Grecian mythologists derived their fabulous accounts of the Elysian fields. There it was supposed the souls of the virtuous and illustrious retired after death, and roamed through bowers, forever green, and over meadows spangled with flowers, and refreshed by perennial streams. In the mountains near Jerusalem were located the tombs of the opulent Israelites; and in a Garden, near the base of Calvary, had Joseph, the Aramathean, prepared that memorable sepulchre in which was laid the crucified Messiah. The Greeks and Romans often selected the secluded recesses of wooded heights and vales, as favorite places of interment, or the borders of the great public high ways, where elegant monuments were erected, and surrounded with Cypress and other ever-verdant trees. Many of the richly-sculptured sarcophagi and magnificent tombs, reared by the once polished nations of Asia Minor, are still to be seen in the vicinity of the numerous ruined cities, on the deserted coast of Karamania.

"The Athenians allowed no burials within the city. The illustrious men, who had either died in the service of their country, or were thought deserving of the most distinguished honors, were buried in the Ceramicus,—an extensive public cemetery on the road to Thria. Tombs and statues were erected to their memory, on which were recounted their praises and exploits; and to render them familiar to all, to animate every citizen to virtue and to glory, and to excite in youthful minds an ardent desire of imitating those celebrated worthies, the spacious grounds were embellished with trees and made a public promenade. Within the Ceramicus, was the Academy where Plato and the great men who followed him met their disciples and held assemblies for philosophical conference and instruction. Connected with the Academy was a Gymnasium and a garden, which was adorned with delightful covered walks, and refreshed by the waters of the Cephisus, which flowed, under the shade of the plain and various other trees, through its western borders. At the entrance and within the area of the garden, were temples, altars, and statues of the gods.

"The bodies of the Athenians, who had fallen in battle, were collected by their countrymen, and after they were consumed on the funeral pile, their bones were carried to Athens; there they were exposed, in cypress coffins, under a large tent, for three days, that the relations might perform those libations, which affection and religion enjoined; then they were placed on as many cars as there were tribes, and the procession proceeded slowly through the city, to the Ceramicus, where funeral games were exhibited, and an orator, publicly appointed for the occasion, pronounced an eulogium.

"Even the Turks, who are so opposed to the cultivation of the fine arts, embellish their grave-yards with evergreens. With them it is a religious duty, to plant trees around the graves of their kindred, and the burying ground of Scutari is one of the most interesting objects in the environs of Constantinople. Situated in the rear of the town, and extending along the declivity of the Asiatic shore, towards the sea of Marmora, it presents a vast forest of majestic trees; and thither the inhabitants of the imperial city generally resort, during the sultry months of summer, to enjoy the cool breezes which descend from the Euxine, or are wafted over the waves of the Propontis. Throughout Italy, France and England, there are many cemeteries which are ornamented with forest trees and flowering shrubs. Pere la Chaise, in the environs of Paris, has been admired and celebrated by every traveller who has visited that beautiful garden of the dead.

"In Liverpool, a similar burying ground was completed three years since, and a meeting has recently been held in London for forming one, in the vicinity of that city, of a size, and on a scale of magnificence, which shall quadrate with the wealth and vast extent of the mighty capital of a great nation. Within the central area are to be exact models of the superb temples, triumphal arches, columns, and public monuments, of Greece and Rome, as receptacles or memorials of the departed worthies of the empire.

"In a Rural Cemetery the names and virtues of the departed would live in perpetual freshness, and their souls seem to commune with those who come to do honor to their manes. Thus would all like to repose in death; and who would not deem it a blessing, to be able to confer that favor on a parent, child, wife, husband, or friend? How can this object be so successfully accomplished as in connexion with an Experimental Garden? That part of the land which has been recommended for a CEMETERY, may be circumvallated by a spacious avenue, bordered by trees, shrubbery and perennial flowers; rather as a line of demarcation, than of disconnection; for the ornamental grounds of the GARDEN should be apparently blended with those of the Cemetery, and the walks of each so intercommunicate, as to afford an uninterrupted range over both, as one common domain.

"Among the hills, glades and dales, which are now covered with evergreen, and deciduous trees and shrubs, may be selected sites for isolated graves, and tombs, and these being surmounted with columns, obelisks, and other appropriate monuments of granite and marble, may be rendered interesting specimens of art; they will also vary and embellish the scenery, embraced within the scope of the numerous sinuous avenues, which may be felicitously opened, in all directions, and to a vast extent from the diversified and picturesque features which the topography of the tract of land presents.

"Besides the great public advantages which will result from the Horticultural departments, that portion of the land which may be consecrated to the dead, and rendered, like the Elysian fields of the Egyptians, a holy and pleasant resort for the living,—the whole will present one of the most instructive, magnificent, and pleasant promenades in our country. From its immediate proximity to the Capital of the State, it will attract universal interest, and become a place of healthful, refreshing and agreeable resort, from early spring until the close of autumn."

MEDICINAL VIRTUES OF IODINE.

The reputation of iodine in glandular affections has been various with different practitioners. Some have found it *invariably* capable of reducing glandular tumors, whilst others, equally skilful, have been disappointed in the effects of its administration. We are at a loss to account for this diversity, and are convinced that the question of its *true powers* over disease, must be settled, if settled at all, by a succession of such candid and extensive trials as it has received in the hands of Dr. Bardsley.

In *Bronchocele*, it is stated by Dr. Gairdner that iodine "seldom fails of effecting a complete cure, and when it does, it almost always reduces the swelling very considerably." The experience of Dr. B. has been different. Of 30 cases which he has given us, a cure was effected in 9 only. Of the remainder, 6 were relieved, and 15 derived no benefit.

In *Tubercular Phthisis*, it unhappily failed totally, like every other medicine which has been opposed to that obstinate malady.

In *Paralysis*, it received a very thorough trial,—either general or local bleeding, purging, and a restricted diet, having been adopted previously to commencing with iodine. Seven well-marked cases of hemiplegia, and 4 of paraplegia, were selected for the trial of this medicine, not because they were particularly obstinate or severe, but as best suited to give it a fair chance. In all of them it was unsuccessful, whilst other remedies, subsequently employed, produced considerable amendment in several.

In *Chorea*, Dr. B. has derived benefit from iodine in two cases, and in no others. It will be recollected that in this disease and in paralysis, the same medicine was "almost uniformly successful" in the practice of Dr. Manson, whose standing and character justly entitle his representations to implicit confidence; and it is not easy to account for the different results in the practice of two so able and disinterested observers.

Whilst administering iodine in this disease, Dr. B. remarked that several young females who took it liberally, were affected with retention of the catamenia; and considering the known effects of the medicine in reducing the size of the mammæ, he suggests that it may possibly exert an influence upon the uterus in retarding the development of its usual function.

The only diseases in which Dr. B. has been able to speak favorably of iodine, are scrofula, and ascites depending upon *supposed* enlargement of the liver, or steatomatous tumors in the abdomen. In the former, he esteems it of equal if not superior efficacy to any other article in the materia medica; in the latter, he accords to it unusual power. Five cases of this disease are related, all which were conducted to a favorable issue under the influence of iodine. The following will illustrate the nature of these cases, and the preparations of the medicine which were used in all the trials made by Dr. B.

Edward Placy, 40 years of age, applied to me about the end of August, 1826.

He had occasionally suffered from pain in the right hypochondrium, for about eight months, with a gradual loss of appetite and strength. His complexion was sallow, pulse feeble, and thirst urgent. Considerable effusion had taken place in the abdomen. He had formerly indulged to excess in the use of spirits. After the application of a few leeches and a blister to the hypochondrium, which succeeded in removing the pain, I prescribed ten drops of the solution of hydriodate of potass (thirty grains of the salt to an ounce of distilled water), three times a day. After the blistered surface had healed, half a drachm of an ointment, composed of two scruples of the hydriodate to an ounce of axunge, was directed to be well rubbed in over the right lobe of the liver, night and morning. In the course of six weeks, an evident amendment occurred, the urine became more copious, the thirst less troublesome, and the patient's strength improved. The dose of the solution was gradually increased to twenty drops, three times a day; and friction with the ointment was at the same time continued. At the end of three months, Placy was discharged cured, without having experienced any unpleasant symptoms from the use of the iodine.

HYDROPHOBIA.

There is no circumstance more mysterious about this singular disease, than the uncertainty of the period which elapses between the bite and the first symptoms. While in some cases the effect seems almost immediate, and in most is manifested within a few weeks, there are instances, as we stated the last week, in which it has been delayed for months, and some are related, on good authority, in which many years elapsed between the bite and the commencement of the disease. There is a case related by Dr. Bardsley, and referred to by Dr. Good, in which hydrophobia made its appearance twelve years after the bite of a dog supposed to be mad. In cases like this, it is scarce possible to believe that so long a period is required for the regular development of the symptoms. The most plausible explanation seems to be, that the system is left in a state which predisposes to hydrophobia, and that the appearance of the symptoms immediately depends upon some accidental cause. In the case above referred to, the patient is said to have labored under nervous irritation before the hydrophobia manifested itself; and though this may be regarded either as the cause or the effect, it seems most philosophical to view it as the former. In the case which recently occurred at New York, the child was bitten on the 13th of April, and the symptoms appeared the 16th of

June; an interval of nine weeks, which is rather more than the average period, and was no doubt a sufficient interval, in this instance, to encourage the hope that the period of danger had passed, and that no infection had in fact occurred. We see by the account, that two other children were bitten at the same time, whose fate, therefore, must still form to their friends a subject of anxious and fearful contemplation.

MECHANISM OF VOMITING.

Until within a few years, physiologists were content to take it for granted, that the stomach contracted upon and expelled its contents by its own muscular power. More recently, this doctrine has been seriously called in question. Some years since, Magendie performed an experiment which seemed not only to refute the idea of the sole agency of the stomach in this process, but to make it doubtful whether it had any agency whatever. This consisted in substituting a bladder for the stomach of a dog, and then introducing an emetic substance into the veins. When a sufficient time has elapsed for the absorption of the emetic, the animal contracted its abdominal muscles with so much force as to expel the contents of the bladder through the mouth. This experiment was of course considered merely conclusive of the point that vomiting is produced not by the voluntary contraction of the stomach, but by the diminution of its capacity consequent on the contraction of the muscles of the abdomen. Unfortunately for this theory, an observation has recently been made at the Dublin Hospital, which leads to a conclusion directly opposite. In the post-mortem examination of a patient at that Institution, it was found that the œsophagus, after passing through the diaphragm into the abdomen, returned into the chest, and that the stomach was actually situated above this muscle, in the left side of the thorax. This man had vomited several times during life; which action, as the influence of the abdominal muscles was evidently out of the question, would appear to have been produced by the sole contraction of the stomach itself. Dr. Marshall Hall undertakes to reconcile these seemingly discordant facts by adverting to a theory which he advanced in 1828, and which was communicated, at that time, to the London Medical Gazette. He supposes the action of vomiting to be produced by the expiratory muscles acting when the lungs are distended, the larynx being closed so as to prevent the escape of the air, the diaphragm being relaxed, and the whole force of the muscular action being expended upon the stomach. According to this view of the subject, he observes, it is a matter of indifference whether the stomach be above or below the diaphragm, as the thorax and abdomen become to all intents a single cavity. Without enlarging upon this theory, which, however ingenious, seems open to some serious objections, we shall content ourselves with suggesting what seems to us a simpler mode of reconciling the apparent inconsistencies of the facts above stated. We conceive, then, that the stomach is capable of executing the act of vomiting without any extraneous assistance; but that when this act takes place, the abdominal muscles are brought into sympathetic action, and thus lend their aid. In the first case mentioned, therefore, it would appear that this sympathetic action was excited at the same moment that the contraction of the stomach would have taken place, provided the organ had remained; and, in the second, that the stomach contracting as usual, though unaided by the other muscles, had the force to expel its contents. We are much tempted to add, as a general inference from all this, the inutility of these experiments on living animals for settling disputed points on human physiology. Such an assertion is and must be incapable of direct proof; but we appeal to the judgment of those who have studied physiology by this means, how small a portion of the experiments which have been practised furnish any definite conclusion, and how much smaller the number of those which have led to the undisputed establishment of any general principle. If this be so, much time and labor have been thrown away, and much useless cruelty committed. Whether, on the whole, the returns have equalled the outlay, we shall not assume the province of deciding.

New Hospital.—The Legislature of this Commonwealth have appropriated seven thousand dollars, nem. con., to the erection of a new rough stone building at Rainsford Island, for the purpose of a Smallpox Hospital. It is to be erected under the direction of the Mayor and Aldermen of this city, and commenced and completed without delay.

Whole number of deaths in Boston the week ending June 24th, 21. Males, 7—Females, 14.

Of consumption, 6—dropsy on the brain, 1 lung fever, 1—unknown, 2—intemperance, 2—infantile, 1—drowned, 1—old age, 2—cholera infantum, 1—inflammation in the bowels, 1—scarlet fever, 1—throat distemper, 1—fits, 1.

ADVERTISEMENT.

PATENT FELT SPLINTS.

"These Splints are composed of a material of much firmness and strength, and possessing at the same time the all-important property of being capable, simply by the application of heat, of being moulded into any form required, so as even to conform to the slightest depressions as slightly as would a cast of gypsum or clay." "By pressing equally on every part, enveloping rather more than half the circumference of the limb, and extending its whole length, they afford a support, which can be obtained in no other way. So perfect is the support afforded, that the limb may be considerably exercised from day to day, by alternately flexing and extending it without the least danger of displacing the bones; and in this manner we are enabled to guard against that kind of muscular contraction, alluded to above, which consists in a gradual condensation of texture, and which I consider to be the cause of permanent shortening of the limb. In cases of fracture below the knee, the patient can sit up after the splint is applied, and even walk about with the assistance of crutches."—*Dr. Smith's Essay on Fractures and Splinting.*

Physicians and Surgeons are requested to examine the above Splints at JARVIS & PEIRSON'S, Druggists, 188 Washington Street, Boston. July 1.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover. Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year. *Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, JULY 12, 1831. [NO. 22.

I.

EFFECTS OF ARDENT SPIRITS UPON THE CONSTITUTION IN CAUSING DISEASE.*

1. THEY *act as an exciting cause to all diseases to which a predisposition, whether hereditary or acquired, previously existed.* We possess different conditions of physical structure, and peculiar tendencies to some diseases rather than to others, and which are excited into activity by various morbid agents. Intemperance, then, acting on an individual strongly predisposed to any particular disease, would, on a general principle, bring it forward sooner than it would otherwise appear. Erysipelas, scrofula, gout, dyspepsia, and many other diseases, follow in the paths of this vice, which the sufferer might have deferred, probably altogether have prevented, by a counteracting course of abstinence from all stimulants. Add to this, almost everything goes wrong in a drunkard's constitution ; he is an altered subject, both in respect to the character of his disease, and the influence of medicine ; and the ordinary rules of practice in such cases are almost as likely to destroy life as to preserve it.

It is stated by the author of Sketches on India, that the British officers under Gen. Mathews, who were confined for years in the dungeons of Seringapatam, and kept on rice and water, were many of them, when captured by Hyder Ali, affected with liver complaints, and had received severe wounds, yet upon returning to their regiments, found themselves in perfect health—and were higher in rank by the death of their brethren, who had been cheering themselves with old Madeira, Champagne and Brandy, at the expense of both health and life.

2. *The free use of ardent spirits hastens a premature old age, with all its attending infirmities.* It is remarked by even common observers, that he who lives freely and luxuriously lives fast.—" It seems to be a law of our nature, that life should be consumed by the very motions which are necessary to its existence; as if the stimuli required to sustain the actions of life, were the means tending ultimately to its extinction." In illustration of this, some cold-blooded animals, as every reader knows, have been taken out of the depths of the earth, the trunks of trees, and from blocks of marble, after being secluded for centuries from the stimulus of light and heat, and have resumed their active state of being, but have soon died after exposure to these stimulating agents.—The calculations of longevity on different parts of the

---

* From Dr. Parsons's Address.

globe, place the most remarkable instances in Russia and other regions, where the low temperature of the atmosphere is slow in developing and exciting the actions of their system, and prolongs their existence to a very late period. On the contrary, the inhabitants of tropical climates, in whom heat accelerates all the functions of life, experience the earliest maturity and declension of physical powers. Females reared under a tropical sun, begin to fade and lose the attractions of youth at an age when more northern belles are glowing in all the beauty and vivacity of their sex. In like manner, the stimulus of ardent spirits chases youth from the constitution of its slaves, and clothes them prematurely with the grey garniture of years. Says the Poet:

> ———" For know whate'er
> Beyond its natural fervor hurries on
> The sanguine tide; whether the frequent bowl,
> High-season'd fare, or exercise or toil
> Protracted, spurs to its last stage tired life,
> And sows the temples with untimely snow."

How often do we see the sunken eye, the shriveled cheek, the tottering step and trembling hand, in confirmed drinkers who have scarcely entered into the autumn of their existence; "sinking untimely in the grave, ere the days of their youth are well passed by." If there are some rare exceptions founded on original soundness and vigor of constitution,—let such beware, and reflect, that although a steam engine skilfully constructed from sound materials may long endure the violence of high pressure power, yet that its machinery must wear out in proportion to the velocity of its movements; and also that a fortress that stands a long siege, has its walls more battered than one which easily surrenders. The poor Indian, says a venerable writer, who once a month drinks himself *dead*, all but simple breathing, will outlive for years the man who drinks little and often, and is not, perhaps, suspected of intemperance.

Let us now advert to some of the most obvious diseases occasioned by the use of distilled liquors, and

3. Of the *Liver*.—Ever since diseases were traced to the abuse of intoxicating liquors, this organ has been referred to as among the first to suffer. The importance of the liver in carrying on the healthy actions of the digestive system, all must be sensible of, who have experienced any derangement in its functions, either by a deficiency or redundancy of bile, or any deterioration in its qualities. But the ordinary change of the liver is an augmentation of its size. The numerous examinations I have made of the bodies of seamen during nine years Naval service, have presented this appearance in a great majority of those who were addicted to intemperance. The direct tendency of ardent spirit to bloat this organ, is proved by its effects on fowls, when mixed with their food, as is practised by the European epicures for the purpose of making the liver as large as possible.

The truth is, the liver is among the first organs to receive the actual contact of ardent spirits. All the blood sent by the arteries to the digestive organs, is returned back to the heart by corresponding veins, and these veins absorb much of the spirit received into the stomach, and carry it, mingled with the blood, to the heart. But on their way to the heart, they all converge into one large vein, which enters the liver and distributes its contents throughout that organ, where bile is extracted from it; and the remainder is afterwards taken up by veins and carried to the heart. Ardent spirit, then, when absorbed from the stomach by its veins, is brought at once into immediate contact with the liver, and by stimulating and irritating the organ, causes its enlargement. Indeed, take any two individuals, who are alike in all other respects, except that one drinks freely every day, though not to intoxication, and the other abstains entirely from the stimulus—and the former will present to the eye of an anatomist, a liver, differing from that of the other in color or size, that will be sufficiently indicative of unhealthy action. I might name various affections of the liver that proceed from this cause, but will proceed—

4. To those of the *Stomach*.—This organ rarely if ever escapes injury. Its delicate surface receiving day after day its acrid and unnatural stimulus, is at length deranged both in its structure and functions. You are all aware how the interior surface of the nose, which resembles in most respects that of the stomach, is changed in the inveterate snuff-taker, how the acrid powder thickens the part to which it is applied, and thus partially closing the nostrils, changes the voice and produces a constant catarrh. In like manner, the inebriate changes the surface of his stomach by stimulating drinks, producing a thickening of the inner coats, and a constant effusion of cold phlegm, of which every inveterate drinker complains, especially in the morning. To this difficulty may be added an ardent and incessant longing for the accustomed stimulus. Surrounding the inner coat of the stomach is the muscular coat, on which all its motions and contractions depend. This is sometimes thrown into irregular or spasmodic contractions, attended with pains and cramp of the stomach, of which hard drinkers also so often complain. The appetite too becomes impaired or entirely destroyed. Here the influence of habit, on which I have dwelt, is worthy of particular attention. The daily use of provocatives of appetite, as they are termed, in the form of slings, juleps and bitters, will in time incorporate their efforts with the stomach so intimately, that perverted nature flags, and is unable to pursue an even step, without the spur of an ordinary glass. It is almost proverbial, that great rum-drinkers are little eaters. But I will turn from this unpleasant subject, with the remark, that diseases of the stomach produced by such a cause, are amongst the most difficult for a physician to manage.

The stomach is remarkable for the sympathies it holds with other organs. All severe diseases of the body affect the stomach with loss of appetite, and oftentimes with nausea and even sickness. It seems to be a concentrated organ of morbid sympathies. But then it is also a radiating centre, and, when diseased, produces various and complicated diseases in other parts. In this way the disorders produced by a fit of intoxication are communicated to the rest of the system, producing depression of spirits, and indisposition to mental and muscular exertion, with dizziness and pain of the head, throbbing of the temples, parching heat in the palms of the hands, foulness of the mouth.—In a word, the midnight debauchee, when pouring down his copious draughts of intoxicating liquors, may be said to be filling a Pandora's box, that will open its lid in the morning, and diffuse misery through every vein and nerve of his prostrated and polluted system.

5. The *Skin* always betrays a man's intemperance. A flushed cheek and red and swollen nose, are always the first symptoms of spirituous excitement. The bloodvessels are here more easily roused into action than in other parts of the skin. Even the ordinary mortifications and disturbances of the mind, are manifested by the blush of shame, or the flush of anger. When the bloodvessels of the face have long been over-distended by the stimulus of ardent spirit, they seem to lose their natural contractility, and cause a bloated aspect. Erysipelas, and several other cutaneous diseases, that would otherwise have remained dormant in the system, are often roused into action, and those cutaneous affections which have previously existed, are rendered more obstinate and inveterate.

But besides those diseases of the skin that arise from excessive action of its bloodvessels, there are others that proceed from its sympathy with internal organs, that have been disordered by intemperance. The bubuckles, whelks, and rosy drops, or rum blossoms, that so often emboss the cheeks of the drunkard, and which Falstaff ludicrously notices upon the face of Bardolph, are referred by physicians to a disordered state of the liver. They seem to be like red flags hoisted out upon the ramparts of the fortress by an enemy within, to denote that he holds entire and undisputed possession of the castle.

6. The *Brain*.—This organ presides over all the physical and intellectual energies of man. Not a muscle can be moved, nor an impression felt, nor a volition exerted, where the brain ceases to perform its functions, or where its nervous communications are interrupted.—Ardent spirit acts upon the brain, *first*, through the medium of the circulation. In some cases, the liquor has been detected in the cavities of the brain.* In most instances of intoxication, there is probably more or less of the spirit absorbed from the stomach, and carried thither in a diluted state. *Secondly*, it acts upon the brain through the medium of nervous communication. The immediate exhilaration from a glass of spirit, is too sudden to admit of absorption, and transmission through the circulation. *Thirdly*, ardent spirit acts upon the brain, though somewhat tardily, and indirectly, through the medium of its sympathy with the liver. The indirect debility and torpor that follow a fit of intoxication, extend their influence to the brain, darkening the mind with gloom and melancholy, and impairing all the muscular energies of the system. But leaving the further consideration of its mode of operation, we all know from daily observation that a trembling hand, a flagging of the strength, stiffness of the joints, and mental imbecility, are the inevitable consequences of the abuse of ardent spirits; "that the morning finds the nerves run down and unfit for exercise, till wound up by a potent glass of stimulus."

There is no truth in the vulgar saying, that the healthy laborer requires the stimulation of ardent spirits. They only transiently rouse the physical powers, with the certainty of being succeeded by a corresponding languor and debility, and the same course must be resorted to again and again, to maintain the ordinary standard, "till finally nearly all power becomes dependent on artificial stimulation." Those who have fairly made the experiment, and whose judgment is consequently most to be relied on, tell us that the use of ardent spirits, long persisted in, wears out life, and that it hastens exhaustion, even under a single trial of strength. Let a ship's crew be stationed at the pumps, to work or sink in the mid ocean, and those who nerve their arms with such artificial excitement, will be the first to flag and drop at their stations, while the man who abstains entirely will hold out to the last. I will however add, that the strength is longest preserved, under such trying circumstances, by the tonic power of hot coffee. This fact has been ascertained by repeated trial.

---

* Cooke on Nervous Diseases, and Muzzy.

That a single glass or two of distilled liquor may be taken without much harm, by a healthy laborer, is not denied. But it does no good, and is laying the foundation of intemperate habits. Besides, it is impossible to confine him to that quantity. To derive the pleasing and exhilarating effects first produced, the quantity must be daily augmented ; "for a thousand facts teach us that our vital organs respond less and less readily and powerfully to the action of such stimulants, in proportion to the frequency of their application."

Happy would it be if the effects of intemperance on the brain were confined to the physical energies of man. It is his nobler faculties that are assailed and overthrown ; those faculties that raise him above the brute, and make him lord of this world, and which in this life are but "in their bud of being." The records of insane hospitals present a frightful report of the numbers consigned to their wretched abodes, who, by adopting the rules of our Society, might have continued a blessing to friends and an ornament to society. Nearly half the miserable beings confined in those cells, were the victims of intemperance, induced, in some instances, by resorting to distilled liquors as a fallacious palliative for grief, under affliction or disappointment ; and in others, by a sottish habit of drinking alone, without even any such poor excuse to excite our sympathies. Besides these lamentable cases of permanent derangement, there is a more acute and fatal disease called delirium tremens, or drunkard's madness, that every physician has often met with, and found it obstinate and difficult to manage.

From mental alienation, so painful to contemplate, let us advert for a moment to the ordinary influence of ardent spirits upon the healthful exercise of the intellectual faculties. The condition of these is intimately associated with that of the brain,—they grow with its growth, strengthen with its strength, and decline with its decay. Every temporary excitement of the brain arouses the operations of the mind in a corresponding degree, but, as in other organs, the excitement soon produces fatigue.—Too often does the poet attempt to speed the wings of his imagination by an exhilarating draught, without seeming to be aware that the adventitious aid thus imparted, whirls the fancy beyond the judgment, and "leaves the body and soul in a state of listless indolence and sloth." Where is the poet, who has goaded his imagination with the intoxicating cup, that has equaled Homer and Virgil ?

or the orator that has rivaled Demosthenes and Cicero? all of whom wrote before ardent spirit was known.

Is it said that genius is quickened by it, and its productions made to smell less of the lamp? they however smell more of the decanter, and of the immoral influence that springs from its habitual use. Childe Harold was written when the author practised total abstinence, and Don Juan when he jaded his muse with gin; and a better commentary on the demoralizing, debasing and polluting influence of such stimulus, cannot and need not be offered. It should be remembered that all such artful impulses are fitful and uncertain, and that he who urges the speed of his mental engine by such intensely heating fuel, hastens the declension of its power, and that he is unprovided with any safety-valve, to prevent an apoplectic explosion.

I might proceed with the catalogue of diseases that result from the use and abuse of distilled liquors, and present to you, Jaundice, Gout, Rheumatism, Dropsy, Palsy, Epilepsy, Apoplexy, and Dyspepsia in its Protean forms. In truth, there is scarcely a human infirmity that may not be directly or indirectly excited, or in some degree aggravated, by this morbid agent.

II.

ON THE EFFICACY OF LARGE INJECTIONS IN THE TREATMENT OF BILIOUS COLIC.

Communicated to Thomas Cock, M.D., &c., of New York, by J. S. Paige, of Owego, N. Y.

I take the liberty of communicating the method of treating bilious colic which I adopted about twelve years ago, and which I have followed ever since, with the most complete success.

The plan is, to use injections of mild, tepid fluids, to an amount sufficient to reach the obstructed or constricted portion of the gut, and thereby making a gentle, but firm pressure upon that part from below.

This practice was founded upon the incidents of the following case, which I will briefly notice. Mr. E. B., a strong, athletic man, aged about 35 years, was attacked with this species of colic in the summer of 1818. I was called upon to attend him, and pursued the practice usually adopted in such cases. Among the means made use of, were venesection, opium, various cathartic medicines, enemata, fomentations to the abdomen, general warm bathing, a blister, &c. Forty-eight hours or more were spent in this way, and several consultations were had, but all to no purpose: the obstruction remaining as obstinate, and the pain as distressing as ever.

Another expedient presented itself to my mind, that of acting upon the obstructed portion of the intestine mechanically, by injecting tepid fluids; six pints of warm water, milk and molasses, were ordered, which I commenced introducing with a syringe, intending to use the whole, or even more, if necessary, to effect my purpose. A consulting physician who was present, but unacquainted with my intention, requested me to desist, when I had used but a small part of the liquid; the patient also begged me to desist, saying that no more could be retained; but I paid little attention to the advice of my counsellor, or the entreaty of my patient, till the latter informed me that he felt a considerable degree of pressure upon the point of obstruction; and after retaining the fluid in this situation a few moments, I desisted, having used the whole quantity prepared, and I began to hope that my work was about to answer the purpose intended, which I found to be the case in about fifteen or twenty minutes. Copious evacuations of fetid matter followed in large quantities, and a cessation of pain, and a general mitigation of symptoms, were the immediate consequences.

The case was subsequently treated with mild laxatives, diaphoretics, &c.; and after a proper time, gentle tonics were used to restore the action of the system.

Two or three weeks afterwards, the same person was again attacked in the same way from his own imprudence, and he found relief in the same way, and in a like short time.

The success of this plan in these two cases, afforded me a useful hint for the treatment of all important cases of a like kind, and I resolved to make further trials, whenever opportunities should present themselves; and a great many cases have since come under my care, all of which have been attended with the same result; and, consequently, I have made this the standing rule or method of my practice, for the last twelve years.

The rule I have adopted in such cases, and that I would recommend to others, is, to introduce a quantity of fluid with a large syringe, sufficient to make a firm, but gentle pressure upon the obstructed portion of the intestine, which may be known by the pain it gives the patient at that point; and more certain success may be expected, if the syringe be not withdrawn for a few minutes after this point be attained.

The quantity of fluid to be used, should be measured by the demand of each individual case: six pints usually answer the purpose; but in two instances, occurring in the same person, I have found it necessary to use twelve pints at a time, before the object was accomplished.

Perhaps it might be well to evacuate the rectum, before attempting to reach the obstruction. I think there would be an advantage in doing so, as some little impediment would be removed.

In the sequel, such treatment as the particular case shall require, will, of course, suggest itself to any skilful physician, taking into view the cause of the disease, and other circumstances dependent upon the disease.

I generally give mild laxatives, such as castor oil, or neutral salts, if the case be a simple one, brought on by exposure to cold, or some comparatively trifling circumstance; but if it depend on some more obviously important case, as an hepatic derangement, &c., other and more rigorous means should be used.

With regard to the composition of the fluid to be used in such cases, I should not be particular, provided it be sufficiently mild; perhaps mucilaginous injections in many instances might be preferable, particularly if the disease be of some considerable standing, and the intestines irritable or inflamed. It may, however, be proper in some cases to use stimulating mixtures, where there is much torpor of the bowels. But it is the mechanical effect that is almost entirely to be relied on for success in this mode of treatment.

The means which urge me to recommend this mode of practice above all others with which I have been acquainted, are the following :

1st. Because it is more certain ; a mechanical dilatation of the intestine in this way is easily effected, and in a short time.

2d. Because medicines given by the mouth are so liable to be rejected by vomiting in this disease ; or if they are retained, they require more time to act, and are not so sure as this, for they may fail from inefficiency.

3d. Because, although other medicines may act in their usual time, yet by delay the patient is endangered, by the risk of inflammation supervening.

4th. Because it abbreviates the term of human suffering, by mitigating some of the keenest pangs to which our nature is subject, &c. &c.

I give you only the outline of this plan, and if it shall be thought worthy of adopting in this species of disease, and extended to other affections of a similar kind, you, and those who may become acquainted with it, can make such improvements as shall appear most proper.

You may say that the idea of introducing large quantities of liquid into the intestines, is not new : it certainly is not; but the application of this practice I have not known to be made to the disease of colic—but in cases of intus-susception of the gut, it has long been recommended and used.—*N. Y. Med. J.*

III.

NOTES ON THE EPIDEMIC ERYSIPELAS WHICH PREVAILED IN THE PROVINCES OF NEW-BRUNSWICK AND NOVA SCOTIA.

Communicated to William Bayard, M.D., of New York, by Robert Bayard, M.D. D.C.L., of New-Brunswick.

The disease commenced early in the fall, although the weather had not been remarkable for any peculiar humidity or dryness. It attacked all ages, sexes, and constitutions, indiscriminately, and was prevalent as well among the upper as the lower orders, with those who enjoyed the comforts of life, and occurred in various exposures and localities. It showed itself first in my family, in a child of five years of age, who complained first of vomiting, great thirst, and the usual symptoms of inflammation of the mucous membrane of the stomach ; her constant cry was for water, which was quickly rejected. The disease was treated upon the general principles of gastritis. Venesection copiously, cupping, warm bath, leeches, and blisters — all seemed unavailing, until a very copious bleeding, *ad deliquium*, from a large opening, losing ʒi. after two previous venesections. This last subdued the disease, which manifested a removal, by the desire for water ceasing. The convalescence was rapid. I may observe, cathartics had little effect ; and the child took nearly three drops of oil of croton, before the bowels yielded. The oil was given after the thirst had abated. In two or three days after her recovery, her elder sister, aged six years, was taken sick, much in the same manner. Similar treatment was adopted, with the exception of the oil of croton ;

but the bleedings were not carried to such an extent, because the sensation of thirst was not so urgent. The disease, however, was more obstinate, and traveled upwards along the œsophagus, attacking the schneiderian membrane, and was reflected from the internal nostril, upon the outer surface, extending itself gradually over the face, neck, head and thorax.

In one case (a child ten years old) the disease commenced in the stomach, passed up the œsophagus, pervaded the internal fauces, was reflected upon the face, caused gangrene internally and externally of one half of the face, involving one eye, half the nose, the cheek and ear, and ultimately producing death.

In another case, a man of previous intemperate habits was attacked on the arm. In forty-eight hours, general gangrene of the extremity supervened, the entire cellular substance was disorganized, and death followed in twenty-four hours after the commencement of gangrene.

A young woman injured her finger with a herring bone ; erysipelas supervened. The disease involved the arm, and pectoral muscles. The extremities of all the fingers were lost from gangrene, while deep abscesses formed at the same time on the back of the hand, wrist, elbow, axilla, and beneath the pectoral muscles. She recovered.

A blacksmith, of temperate habits, was attacked with the disease in the knee. Tumefaction took place, elevating the patella. An incision was made in forty-eight hours after the tumefaction ; large collections of pus were discharged from each side ; it insinuated itself beneath the extensor muscles of the thigh. Similar abscesses were formed over the acetabulum, and under the pectoral muscles. The fauces were also affected with inflammatory erysipelas. This man, after some weeks, recovered.

A laboring Irishman, in the poor house, complained of the usual symptoms of erysipelas ; and, notwithstanding copious depletions, suppurations eventually took place in almost every joint, in the wrists, fingers, shoulders, hips, knees, ankles, with extensive insinuations along the muscles of the legs, and the longissimi of the back. He died ; and the matter, in many parts, lay within the capsular coverings of the joint.

Puerperal women were peculiarly liable to the disease ; and it was very fatal to many. In one case after death, the disease presented very general ravages ; the whole intestinal canal was flushed with inflammation, which, in some parts, had terminated in gangrene. In one case, the peritoneal covering of the uterus and bladder was completely injected ; whilst, at the same time, the ovarium was entirely disorganized with gangrene.

I have frequently seen the orifice of a vein, when opened, form the nucleus of erysipelas. In one man whom I bled, the next day the orifice became erysipelatous, and a cicatrix on the opposite arm, which had been bled some months before, puffed up, and assumed the disease.

When the erysipelas first made its appearance in this city, it exhibited a prevailing tendency to terminate in gangrene. During this period, it was very fatal. After a few months, it varied its termination, and run rapidly in deep abscesses, characterized with very little swelling. The previous existence of pain was a sufficient authority, after three or four days duration, to plunge the lancet deeply into the affected part, and evacuate matter. I have plunged it into the knee, the pectoral muscle, the gluteus, &c., when there has been but little apparent tumefaction, and incredible quantities of matter have been discharged. Such determined and seasonable openings, I considered as having alone saved my patients. I have discharged upwards of twenty ounces of pus from beneath the pectoral muscles, where there had been but little general swelling, and no redness indicating any disposition to point outwards.

The matter insinuated and undermined parts, without showing any tendency to point externally. I did not consider the disease contagious, although whole families would be attacked with it. It seemed to depend upon some unknown peculiarities in the atmosphere, occasioning a morbid action upon the skin, vitiating, by consent, the biliary secretions, and thus ultimately deranging the digestive functions, and causing membranous inflammation. In suppurations of the knee, I have passed the probe beneath the patella, from one side of the knee to the other, and upwards some distance, under the extensor muscles. The patients recovered, but the joints were stiff. The disease assumed a variety of attacks, from a mild to a very malignant form.

The treatment was modified by circumstances, and the part affected. I generally found evacuants, and most determined bleedings, to succeed. If the stomach was not affected, and the disease was external, a gentle emetic, moderate aperients, and venesection, sufficed. In one puerperal patient, the disease appeared on the face, head, and breast, the day after labor: I bled her; and after some days she convalesced, and, contrary to orders, ate freely of meat. In a few hours the disease returned. I gave an emetic, with relief. But small abscesses between the membranes of the eyelids were opened.

When the disease manifested inflammation of the mucous membrane of the stomach, internal remedies seemed hurtful. In this case, most determined bleedings answered; the quantity drawn was regulated by the effect, viz., the cessation of thirst; afterwards mild diluents, and gentle aperients, were serviceable. Early openings after the patient complained of deep-seated local pain, unaccompanied with external redness, were indispensably requisite. The absence of swelling was no guide, contra-indicating the opening. I have known decided internal erysipelas without any external redness; and extensive suppurations, with little or no swelling, and no other cause to suspect matter, than the prevalence of the epidemic.

Mild mercurials, when the stomach would allow, with a view to correct the bilious secretions, were serviceable. Fomentations over the region of the liver, and the antimonial ointment with mercury, with the same intention, were useful coadjutors.

Bark and wine, which have been advised in ordinary erysipelas, were used by some, but always with injury.

Blisters were serviceable in some cases; not so much from any curative property, as from their causing cutaneous irritation, and becoming the seat of cutaneous irritation.

The disease continued to prevail first under a gangrenous for three or four months, and subsequently under a suppurative character for eighteen months. I have met with occasional mild attacks of the suppurative disease, for two years from its first appearance. It was principally fatal among the poor, and childbed women ; with the latter of whom I found bleedings and the warm bath, and large poultices over the bowels, generally successful. I have kept childbed women in a hip bath for several hours during the day. The bath was kept warm by the bed, and the order was, to get in as often as the pain was urgent upon pressure, and to remain in as long as they could.

This disease prevailed throughout Nova Scotia, and this Province; —occurring as well upon high and elevated situations, as in low and marshy exposures ; as well in the formerly salubrious airs of the country, as in the dense and unwholesome confinements of city ; and it was equally frequent in hospital and private practice.—*Ib.*

MEDICAL JOURNAL.

BOSTON, JULY 12, 1831.

SULPHATE OF QUINIA—GENTIANIA—EMETINA, &C.

In the 7th volume of the Medico-Chirurgical Transactions, will be found a faithful record, by Dr. Elliotson, of all which was known of the curative virtues of Sulphate of Quinia up to 1823. Since then it has been in quite general use in this and other countries, and everywhere the same, or very similar, have been the phenomena consequent on its use. It would be little better than an insult to the reader, to pretend, at this day, to specify these phenomena. We shall only recount the experiments made with it by Dr. Bardsley, who has given them, for brevity, in the form of a table.

In *Intermittent Fever*, 25 cases are set down, of which 18 were cured, 6 relieved, and 1 in no degree benefited by the sulphate. It is worthy of remark that several were cured by it, after the bark, in various forms, had been rejected by the stomach. Besides the malady for which bark is esteemed a specific, Dr. Bardsley has derived benefit from the Sulphate in *infantile remittent fever*, *bilious fever*, *ulcerations of the cornea*, *dyspepsia*, *and debility of the stomach*, *chorea*, *the malignant form of variola* in children, and in *neuralgia*.

Two instances of variola are referred to, in which life was evidently saved by the use of this salt, after that severe vomiting had occurred, which, in the progress of that affection, reduces so rapidly the strength of the patient, and prevents the administration of the usual means for curing the malady. In these cases, a grain and a half, mixed with a few grains of sugar, was given every hour until it was thought proper to extend the intervals.

Three cases of neuralgia are related by Dr. B., in all which the disease was subdued by the sulphate of quinine, four grains every third hour. This appears to have been about the dose in which it was usually administered by Dr. B., and the following the forms of its prescription:—

MISTURA QUININÆ SULPHATIS.

R. Quininæ Sulphatis gr. xij.
Acidi Sulphurici diluti m. xxx.
Aquæ f. ℥ xij.
Misce.

PILULÆ QUININÆ SULPHATIS.

R. Quininæ Sulphatis gr. xij.
Glycyrrhizæ Radicis contritis gr. x.
Syrupi, quantum satis sit.
Ft. pilul. xij.

It is well known that in almost all the cinchonas, a substance called by Magendie *cinchonine*, has been found united with quinine. This substance has attracted but little notice as a medicine, and is held in little esteem as such by Magendie himself, although Dr. Duncan attributes to it some tonic and febrifuge powers. In several cases of intermittent fever, this substance has been given by Dr. B., and with uncommon success. Eleven are related in his work, and in all of them it cured the disease, in the same doses as the sulphate of quinine had done. In one other case it failed to do good, and the patient was subsequently cured by arsenic. That it possesses any advantage over the quinine we are not apprised, nor are we warranted, at present, in exciting any expectations from it as a remedy in any known disease.

GENTIANIA.

This alkali, obtained from the root of the gentiana lutea, is given in doses of one grain twice or thrice daily, in such cases as demand the use of a strong bitter. It may be given in pill or tincture. Dr. B. prefers the former; Magendie gave it in the latter. The common infusion and compound tincture of gentian usually suit a weak stomach so well, that there seems no particular call for its uncombined alkali, and although in some dyspeptic cases Dr. B. found it serviceable, he expresses the opinion that it is not likely to prove a very valuable addition to our materia medica.

EMETINA.

The roots of the several species of ipecacuanha, all derive their emetic power from a peculiar principle which they contain, and which is called emetina, and which, in a dose of from one half to two or three grains, produces vomiting followed by a long sleep. The odor and taste of ipecac. are so great objections to its use by most persons, that it is somewhat singular this alkali has not obtained more general repute. Respecting Dr. B.'s experience with it, he shall speak for himself.

In the dose of five grains, says he, dissolved in two or three ounces of rose water, it has proved an active emetic. In the proportion of half a grain, every five hours, it has acted as a mild diaphoretic; and in the dose of a fourth of a grain, every three hours, as an expectorant. It has produced these effects with great certainty. In some instances of *dysentery, chronic diarrhœa, and chronic pulmonary catarrh*, I have derived from the emetina, in combination with a small proportion of opium, much benefit.* I have generally used it in the form of a pill, with a small quantity of aromatic confection. My trials with emetina do not lead me to recommend it as a substitute for the ordinary powder of ipecacuanha, except as a remedy for children, and in certain cases of idiosyncracy in which the effluvium of that drug is found to occasion highly pernicious effects. Several cases of this kind are upon record.*

---

* It may be proper to observe, that in these cases the impure or colored emetina was employed.

Besides the various substances on which we have now offered the reader a series of remarks, Dr. Bardsley made trial of *Picrotoxia*, *Delphia*, *Solania*, and *Lupulia*, in several diseases; but with so little success as to consider any notice of them unnecessary. Brief as have been our sketches of the Hospital facts and observations of this distinguished practitioner, we trust the reader will find them of use where all his professional knowledge most avails him, at the bedside of his patients.

DESCRIPTIVE ANATOMY.

We have often been surprised that so little attempt should be made to give to elementary works on anatomy a greater degree of interest. Descriptions of bones, and muscles, and bloodvessels, are at best but a dull affair to the student, unless, while he is reading, he has an opportunity to dissect; in which case, an accurate account, however dry, will serve sufficiently well as a comparison to his investigations. A good anatomical treatise, however, ought to be something more than a mere guide to dissection; it should be so written that it may give, or at least recal, a tolerably good notion of the structure of the parts. This can only be accomplished when the descriptions are illustrated by plates, presenting a faithful delineation of the parts described. In many of the best modern works on descriptive anatomy, we have the letter press and the plates in separate volumes. This arrangement permits the plates to be on so large a scale as to give a good idea of the connections of parts without rendering the page inconveniently large. But it is principally to large and expensive works, such as those of Lizars and Cloquet, that this arrangement is adapted. In those on a moderate scale, it is far more convenient to have the figure on the same page with the description, than to be obliged to turn to a different volume, or even to a different part of the same volume, in order to find the plate referred to. Neither is it only in anatomical works that the convenience of readers is consulted by such an arrangement. In works on the different branches of natural history, in accounts of voyages, geographical works, and others requiring illustration, it has often occurred to us that a change in the mode of publishing, which would render references less laborious and troublesome, would be a material improvement. No one who belongs to the numerous class of lazy readers, can fail to have experienced, at times, how great a temptation is offered to forego the instruction which might be derived from a graphic illustration, by the circumstance of being obliged to seek it, if sought at all, in a distinct volume from the one he is reading.

We have been led into this train of remark, by a cursory examination of the first volume of a new treatise on descriptive anatomy, by Mr. Paxton, an English surgeon, already known to the public by his Illustrations of Paley's Natural Theology. Mr. Paxton's descriptions are principally recommended by the plainness and simplicity of the language, and a somewhat sedulous attention to delicacy of expression, which really adapt his work almost as well for the general reader as for the professional student. The great advantage, however, which it possesses as an elementary treatise, is derived from the arrangement of the plates, which have so strict a juxta-position with the descriptions referring to them, that the eye is enabled to catch, almost without effort, the precise part of the plate to which the attention is directed. In the woodcuts we are disappointed, after having seen the account given of the work in the foreign journals. Many of them are of rather ordinary workmanship, and from being crowded with reference letters, present that shabby, blotted appearance which necessarily arises from representing minute objects in so coarse a mode. Others, however, are executed with great neatness, and even beauty; and in all, the delineation of the parts seems to be given with care and fidelity. The volume which is published, contains the bones, ligaments, muscles, and arteries; so that the work will probably be completed in a second volume. We are disposed to believe that a reprint of this work would be popular in this country. As a specimen of the manner in which Mr. Paxton has executed the literary portion of his task, we select the following general description of the properties of the muscles.

---

* Vid. Medical and Physical Journal, vol. xxlii.

The muscles are instruments or active agents, in producing the various movements of our body; by their means we are endued with the power of moving from place to place, and of performing every manual exercise or bodily exertion. Not only are they the prime moving powers in locomotion, but speech, singing, and the acts of chewing, swallowing, etc., are performed by muscles; indeed, by means of these organs the blood is circulated, the stomach and intestines urge on their contents, and the different conduits of the glands propel their fluids.

The most characteristic property of muscles is *contractility:* in whatever position our limbs may repose, it must be muscular contraction to produce their action. Muscular contractility also is displayed in the amputation of a limb; for immediately the muscles are divided, the two ends contract in opposite directions, leaving between them a space proportionate to their retraction, and the retraction is therefore more or less, according to the length of the muscular fibres.

This contractility of muscles constitutes muscular action, and consists in drawing the more moveable towards the most fixed point to which it is connected. Every moveable point in the animal frame is constantly situated between two muscular powers opposed to each other; between those of flexion and extension, of elevation and depression, of adduction and abduction, etc.: this opposition is essential to motion; for in whatever direction the limb is to be moved, the *moveable point* must necessarily be in the opposed direction; the act of flexion requires it should be first extended, and *vice versa.* But when flexors and extensors are both in a state of action, they counterbalance each other;

there is a rigid state of the muscles, and the limb is fixed. The effect of every muscle that contracts, is not only to act upon the bone into which it is implanted, but also on the opposite muscle, and this constitutes the phenomena of antagonist muscles; the muscles are so situated that the one class cannot be extended without the other contracting, and reciprocally.

The muscles, on contracting, become evidently harder; they increase in thickness and decrease in length, but their volume remains nearly the same. Prevost and Dumas describe their fibres, in a state of repose, as straight lines; but, when acting, all at once bending themselves in a waved direction, and presenting in an instant a great number of angular and regularly-opposed undulations: if the cause which led to the contraction ceases, the right lines of the fibres are restored with the same rapidity as the waved lines were produced.

This contractility, on which depends all the phenomena of animal motion, and which also promotes many of the exterior and interior functions, is exclusively seated in the muscular system. It possesses the faculty of moving under the influence of the brain, whether that influence be determined by the will or by other causes. If the brain of a man is compressed, the faculty of contracting the muscles ceases. The intensity of muscular contraction, that is, the degree of power with which the extremities of the fibres approximate, is in proportion to the excitement of the brain; it is generally regulated by the will, according to certain limits, which are different in different individuals. When the organization of the muscles is strongly fibrous, and they are of a deep red color, such muscles, with an equal power of the will, produce much more powerful efforts than muscles whose fibres are fine, pale, and smooth. The cerebral influence and the structure of the muscular tissue, therefore, are the two elements on which depend intensity of muscular contraction.

Irritability of muscles, called by Haller the *vis insita*, is the latent power inherent in the muscular fibres, producing that tremulous motion which is often felt in various parts of the body, without any evident cause, and independent of the will. It is to be distinguished from muscular contractility by being more permanent, and by occurring on the application of chemical or mechanical stimuli. A muscle may be separated from the limb, or the heart removed from the body, and for some time afterwards, on pricking it with a needle or passing the electric shock through it, there will be seen convulsive twitchings of its fibres. The irritability of a muscle is present after death; and, though doubtless a phenomenon worthy of study, is not to be confounded with the muscular contractions I have just described.

TATE ON HYSTERIA.

Messrs. Carey & Hart, of Philadelphia, to whom the profession in this country is indebted for many valuable republications, have lately issued an edition of Mr. Tate's treatise on Hysteria. In this work, Mr. Tate has advanced some novel and interesting views of the disease, and adduced several cases in illustration of them. If there is any of the ills of humanity which more clearly than any other requires a monograph, it is this Protean malady. The openness and candor, as well as the apparent industry, with which this has now been furnished us, bespeak for it a recommendation for general perusal.

Syrup of White Poppies.—It is said in the English journals that several very severe and almost fatal consequences have resulted from the exhibition to children of what was sold for *syrup of the white poppy.* On examination, it was found that the medicine was made by mixing laudanum with simple cerate.—A few years ago, several cases were published of the fatal effects of the syrup of poppy. Is it not probable that the medicine was not pure, but such a fabrication as that above mentioned?

A letter from Leipsic of the 9th of May, says that the cholera morbus was committing dreadful ravages in the Russian army. The cholera had also acquired a formidable character at Warsaw, but at the last accounts was believed to be on the decline.

Vaccination has been introduced into Greece by the assistance of the physicians of the French troops.

Whole number of deaths in Boston the week ending July 1st, 23. Males, 10—Females, 11. Stillborn, 2.

Of consumption, 1—stoppage in the bowels, 1—disease of the heart, 1—dropsy on the brain, 2—old age, 3—lung fever, 1—cholera morbus, 1—infantile, 2—fits, 1—scarlet fever, 2—inflammation in the head, 1—mortification, 1—cholera, 1—liver complaint, 1—inflammation in the bowels, 1—delirium tremens, 1.

ADVERTISEMENTS.

THE Boston Medical and Surgical Journal is now issued regularly on the 1st of each month in Monthly Parts, which are sent to those subscribers, and those only, who have notified the publishers of their desire to receive the numbers in that form. We would remind our weekly subscribers that those who wish to receive the monthly instead of the weekly series, can make the alteration at any time they may think proper. The price for either form of the work is the same as in former years.

Those readers of the Journal who are desirous of having the volumes uniform in size when bound, and who object to our plan of two volumes a year on this account, are not perhaps aware that it need not prevent such uniformity, as the numbers for a whole year may still be bound up together, in the same manner as heretofore, except with the addition of another figure, by the binder, on the back.

Authors, publishers, booksellers, lecturers, and others, who may wish to publish information of any kind particularly interesting to medical men, are informed that the Cover of the Medical Journal is reserved for such advertisements, which will be inserted on reasonable terms, and will be sent *once* to all the weekly subscribers. Advertisements would probably in this way meet the notice of ten times the number of physicians that would see them in any newspaper.

They are also apprised that by sending to the Editor a franked copy of any new medical work, a proper notice of it will be made in the body of the Journal.

ENGLISH AND FRENCH MEDICINES.

JARVIS & PEIRSON are constantly receiving the nice preparations of MANDER, WEAVER & MANDER, and of PELLETIER, such as Pil. Hydrargyri, Submurias Hydrargyri, Confec. Sennæ, Carb. Ammoniæ, Ext. Belladonnæ, Ext. Conii, Antim. Tart., Aqua Ammoniæ, Magnesia Calc., Ol. Croton, Hydriodas Sodæ, Hydriodas Potassæ, Piperine, Strychnine, Iodine, Sulphate Quinine, &c. &c.

They have also, Concentrated Balsam Copaiva, prepared by a union of the oil of Copaiva with the Balsam. "It is four times the strength of the Liquid Balsam, and may be taken in pills, without the least inconvenience, neither communicating taste, or imparting odor to the breath; it is also retained without the least disquietude or uneasiness to the stomach."

"This article differs materially from what is termed the Extract, or Resin of Copaiva, being not in the least deteriorated in the preparation, nor at all weakened by admixture of any foreign substance for the purpose of giving consistence."—*American Jour. Med. Sciences.*

Also, Oil Copaiva, Oil of Cubebs, Fluid Extract of Sarsaparilla, &c. &c.

*** Physicians from the Country will be supplied with genuine Medicines upon the most reasonable terms. July 1.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover. Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year. *Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, JULY 19, 1831. [NO. 23.

I.

TREATMENT OF CALCULI OF THE MALE BLADDER.

When a stone passes from the kidney into the bladder, the diameter of which is less than that of the urethra, it is usually conveyed into that canal by the impulse of the stream of urine, and thus the patient gets rid of it. Sometimes, however, even a very small stone is prevented escaping in this manner, in consequence of an enlargement of the prostate gland, forming a tumor projecting into the bladder, and making a kind of valve behind the orifice of the urethra. Many a person is liable to the descent of calculi from the kidneys for many years, which are always passed with the urine, until he becomes somewhat advanced in life. Then the prostate becomes enlarged, and the calculi, which descend afterwards, are lodged in the bladder.

Under these circumstances, it will be prudent for the patient to void his urine lying on his face, or leaning very much forward, so that what we call the anterior may become the depending part of the bladder. You will observe that the valve made by the projecting tumor of the prostate is almost invariably on the posterior part of the bladder—that is, towards the rectum ; and if the patient voids his urine in the posture which I have mentioned, the stones are less likely to be interrupted by it than if he voids it in the usual manner. This, at least, is good in theory, and I may say that it is good in practice also; for a patient of mine, an elderly gentleman, whom I advised to do what I have just mentioned, very soon became relieved of a small stone which had been for some time in the bladder.

A stone which is of larger diameter than the urethra, of course cannot be voided by the urethra. But you may dilate the urethra ; and by doing so I have, in a great many instances, enabled the patient to pass a stone which had been for some weeks, or even for some months, in the bladder, and which he certainly could not have voided otherwise. The case here admits of little delay. Every day adds to the bulk of the stone, and diminishes the chance of success. Introduce a bougie, or a metallic sound, of such a size as the urethra will admit without inflammation being induced. Every day, or every other day, according to circumstances, introduce one a little larger ; and thus you may dilate the urethra gradually, until it is a good deal larger than its natural size. The degree of irritation of which the urethra is capable, varies in different cases ; but it is generally considerable. When this process has been carried as far as it can, let the patient drink plentifully of diluting drinks. It may be worth while even to give some of the compound spirit of juniper, or other diuretic, at the same time; and the calculus will probably, some time or another, be carried, by the current of urine, into the dilated urethra. You may add to the chance of the expulsion of the calculus by adopting the following method:—Once daily introduce a large bougie into the urethra and bladder, and there let it remain. Then let the patient drink plentifully of barley-water, or toast and water, or weak tea; so that the bladder may become loaded with urine. When the patient can bear the distention of the bladder no longer, let him place a vessel on a chair, standing, and leaning forward over it. Then let him withdraw the bougie; the urine will follow it in a full stream, and the calculus may probably accompany it. I learned this mode of treatment from a patient who contrived it for himself, and who in this manner became relieved of three considerable calculi, for which an intelligent and experienced surgeon, in a provincial town, had recommended him to undergo the operation of lithotomy.

If a small stone cannot be made to pass in the way that I have mentioned, you will probably succeed in extracting it from the bladder by means of the urethra forceps. Indeed I may say that you will never fail in doing so, unless the stone is beyond a certain magnitude, or there is something in the condition of the bladder to prevent it retaining a moderate quantity of urine; or unless there is a large tumor of the prostate projecting into the bladder, behind which the calculi may lodge, out of the reach of the instrument.

I cannot but regard the invention of this method of extracting small calculi from the bladder, as one of the greatest achievements of modern surgery. The credit of it belongs to a gentleman who has contributed largely, in a great number of other ways, to the benefit of mankind, and the improvement of our interesting and important art. I need not tell you that I mean Sir Astley Cooper. But even he would not have been able to succeed in the plan which he had conceived, if he had not been aided by the mechanical talents of Mr. Weiss, who, when the object in view was explained to him, with his customary zeal and readiness contrived the forceps which I now show you. I need not give you a particular description of their construction, as you may examine them for yourselves. But you will observe, that they admit of being opened and closed in the bladder, without distending or otherwise irritating the canal of the urethra. When you employ these forceps, the bladder should always contain a moderate quantity (that is, from six to eight ounces) of urine. If the patient, however, has lately made water, you may inject some tepid water into the bladder through a catheter, which, of course, will answer the same purpose. It is generally prudent to ascertain first where the stone lies in the bladder, by examining it with an iron sound. Then introduce the forceps in their closed state, previously warmed and oiled, directing them towards the stone; and when you feel them resting lightly on it, open the blades cautiously, and endeavor to seize it. If you succeed, and the stone is of a small size, you easily extract it. The forceps do not close on the stone with much force, or make much pressure on it; but they are themselves compressed and squeezed by the neck of the bladder, and afterwards by the urethra; and thus the stone is firmly grasped, and prevented dropping out of the instrument. In this manner Sir Astley Cooper has succeeded, in a great number of instances, in removing small stones from the bladder, which otherwise would have increased in size and made the patients the subjects of a serious operation. If I remember rightly, he extracted as many as eighty stones, of various sizes, from the first or second patient to whom he applied this mode of treatment. I have also employed this method with success in many instances. My first patient was a gentleman who had a sac containing a number of small calculi in the prostate gland. These I extracted with great facility—sometimes three or four in the same day. When this sac was emptied, I found that there were also a number of stones in the bladder, and these I extracted, one after another, in the same manner—three or four score in all. This gentleman lived in the country; and what I have now mentioned was accomplished when he visited London, in two successive years. But the case was a complicated one, and I shall have occasion to refer to it again when I call your attention to prostatic calculi. All that I need say of it further at present, is, that a year after the last calculus was extracted by the forceps, the patient died of extensive disease of the bladder and kidneys.

But these forceps are capable of seizing a calculus of very considerable dimensions; and not only capable of seizing, but of extracting it, by a slight modification of the operation. The neck of the bladder admits easily of a great degree of dilation. It is not so with the urethra. An elderly gentleman consulted me with symptoms of stone in the bladder; but the symptoms were not severe, and I was led to believe that the stone was probably small enough to be extracted by means of Weiss's forceps. The first time that I introduced them into the bladder I seized the stone. I drew it readily through the neck of the bladder; but I found, from the expanded state of the forceps, that it was much larger than any of those which I had previously extracted in this manner. When I had drawn the stone some way into the urethra, it was evidently impossible to draw it further without lacerating the membrane of the canal. But I could feel the stone distinctly in the perineum. Nothing appeared more simple than the removal of it by means of an incision made behind the scrotum. Holding the handle of the forceps with one hand, and in such manner as to cause the stone to project in the perineum, with a scalpel in the other hand I divided the skin and other soft parts over it. The stone was easily disengaged from the blades of the forceps, and taken out through the wound. Some months afterwards the patient came to me again, and I found another considerable stone in the bladder, which I removed in the same manner. You see, in this preparation, the two calculi which I have just mentioned. The largest of them is seven-eighths of an inch in one diameter, and six-eighths in another; and the other is only a very little smaller; the difference between the two being scarcely perceptible to the eye.

The wound in the perineum, in each of these cases, healed very readily. But in another case I did what, with the experience which I now have, I shall be inclined, if possible, to avoid in future. I extracted the stone which I now show you from the bladder with the urethra forceps, and drew it with some difficulty into the urethra, as far forward as that part of it which is immediately before the scrotum. In this situation I made an incision on it, and having disengaged it from the forceps, took it out through the wound. This was accomplished easily enough; but there was a good deal of trouble in healing the wound, in consequence of the urine dribbling into the cellular membrane of the scrotum, and producing a succession of troublesome abscesses.

I cannot doubt that this method of extracting calculi with the urethra forceps admits of much farther improvement; and the modifications of the operation, which I am about to describe, may probably be applied with much advantage to many cases.

I have already explained to you, that if you introduce a gum catheter, and draw off the contents of the bladder, where there is a small calculus, it very frequently happens, as the last portion of the urine flows, that the calculus is thrown down, as it were, on the end of the instrument. Then, it occurred to me, that if a catheter could be made to open like a pair of forceps, the calculus would very probably fall into it; that if it did not do so at one time, it would do so at another time, and that thus it might be extracted without searching and irritating the bladder—with little or no pain to the patient, and little or no trouble to the surgeon. With these impressions on my mind, I contrived the instrument which I now show you. It is a pair of forceps with two blades, the opposite surfaces of which are made rough, like a rasp or coarse file. They open by withdrawing a tube, which encloses them, on the principle of one kind of bullet forceps, or of the French lithontriptic instrument. But the forceps are themselves a hollow tube, so that whenever the blades are separated, they answer the purpose of a catheter; allowing the urine to flow out of the bladder. Since this instrument was constructed, I have had only one opportunity of employing it, and that very lately. A gentleman consulted me with slight irritation of the bladder. I examined the bladder with an iron sound, and detected in it a very small calculus. I then dilated the urethra to its utmost extent. This was easily accomplished, but the calculus did not come away. I introduced Weiss's original urethra forceps, but the stone eluded my search. I therefore introduced my new forceps, the bladder being full of urine; and the blades being expanded, of course the urine flowed. When the bladder was empty, I endeavored to close the forceps, but found that I could not do it. In fact, the stone was seized, and it was easily removed. It was of the size of a small pea; and the patient suffered not the smallest inconvenience from the operation.—*Lond. Med. Gaz.*

II.

CASE OF INFLAMMATION OF THE VENA CAVA, ILIAC, AND FEMORAL VEINS. BY JOHN CRAMPTON, M.D.

A BOY, aged 14 years, was admitted into Stevens's Hospital, April 1st, 1831, laboring under considerable enlargement of the whole abdomen, which was very tense and sore to the touch, with sense of fluctuation. The limbs were very much swollen, apparently to their utmost extent — tender on pressure—and exhibiting large blue veins very conspicuously, both on the limbs and abdomen. The breathing was anxious and disturbed, pulse frequent and hard, occasionally irregular, countenance bloated, with a purple tinge. He could scarcely lie down, and he complained also of distressing palpitation of the heart. His bowels were confined, though he had taken aperient medicines. The urine was scanty and high-colored. The disease commenced a fortnight before his reception into hospital, with intense inward pain in the epigastric region. Venesection had been attempted, but failed—leeches were then applied, but no relief obtained. The breathing became more embarrassed, and the dropsical symptoms increased. Stethoscopic examination showed the lungs to be sound; but the action of the heart was occasionally strong, tumultuous, and irregular — then again quiet. 2d April, the day after admission, he was bled—and took calomel, jalap, and cream of tartar, internally. 5th April. Leeches to the chest, and next day to different parts of the abdomen—small doses of elaterium—castor oil and oil of turpentine. 8th. Leechings repeated, and the other parts of treatment continued; but no relief was yet obtained. On the 10th, the right leg and thigh assumed the appearance of phlegmasia dolens, being swollen enormously and very painful on pressure. On the 12th, the limb became erysipelatous, with severe pain in the groin, to which leeches were applied, with fomentations, &c., but the limb proceeded to a gangrenous state, and the boy died on the 17th April. We shall give the dissection in the words of Mr. Bond, who examined the body.

"Skin jaundiced; superficial veins on the anterior part of the chest, dilated and varicose; lower extremities swollen, particularly the right, which was gangrenous in the anterior and upper part of the thigh, and the inferior part of the leg, in its whole circumference. An incision gave exit to a yellow serum, which, with adipose tissue, occupied the thickness of two inches between the skin and muscles.

"On opening the abdomen, the cavity contained a pint of citron-colored fluid, the membranous viscera were pale and free from disease, the stomach contracted and empty, spleen and kidneys natural. The liver was slightly enlarged, its structure of a marbled appearance. The lobulus Spigelii was considerably larger than natural, softened, and of a light yellow color.

"The femoral and iliac veins, as also the cava for three inches and a half above its bifurcation, were contracted, thickened, and partially imbedded in a granular fatty substance, their calibre clogged up by masses of ash-colored lymph, and in some points wider than the rest, by half-coagulated blood; an adventitious membrane of a rich carmine color lined the inner coat of the vessel, and from which it could be dissected, leaving this coat sound, but this with the external coat, from which it was easily separated, was white and thickened like an artery. This membrane was in some places disorganized, as if it suffered from gangrene.

"A large oval tumor, two and a half inches in length, and one and a half in diameter, filled the vein from its entrance into the auricle, to within an inch of the point where the vein was closed ; it was connected by slight adhesions to the lining membrane of the vein, solid, composed of fibrine, disposed in cells, enclosed in a delicate capsule of light yellow color, with slight traces of vascularity through it ; a scrofulous tumor the size of a walnut was connected with the former, and made some pressure on the cava.

"The venæ hepaticæ were also blocked up with fibrine. The lungs were healthy; the pleura contained a quantity of fluid similar to that in the abdomen ; the pericardium contained about six ounces of fluid ; the heart was small, but free from organic disease: the head was not examined."

Dr. C. informs us, that "intense pain in the epigastrium was the first symptom" in this case—and he surmises that the vena cava itself was probably the part first affected with inflammation—and obstructed by the usual deposits of fibrinous concretion—and, finally, that this secretion or perturbed action of the vein extended downwards to the iliacs, on arrival at which, "the usual symptoms of phlegmasia dolens" ensued. Now we would ask Dr. Crampton, or any other practitioner of experience, whether he believes this to be the usual state of things in the last-mentioned disease, not one case out of a hundred of which ever proves fatal ?

We cannot imagine, indeed, how any one who has seen the phlegmasia dolens of parturient women, can confound it with this serious, generally mortal, phlebitis.

"That general hydropic effusion should be the consequence of such a degree of obstruction, or that tumultuous and disturbed action of the heart should attend inflammation of the vena cava, is not surprising. Such sympathetic occurrences are easily explained in those cases where the gradual advancement of the early symptoms of the disease, and the order in which they proceed, can be ascertained. A superficial examination might induce a practitioner to consider the heart as the organ primarily concerned, but here the value of the stethoscope was evinced. The action of the heart was not of that character which denotes change of structure in that important organ ; no doubt disorder in its function was quite obvious ; while the perfect state of integrity of the lungs, although the respiration was embarrassed, intimated that the thoracic organs were not those which were primarily instrumental in the production of the dropsical affection, however they might in the end have conspired towards it by their sympathetic state of disturbance. That a scrofulous diathesis assisted as a predisposition, and as aiding the action of the occasional causes, I believe there can be little doubt. In the series of morbid changes, in this instance, some might suppose the external tumors to have been consecutive to the internal irritation of the coats of the veins, instead of having existed as antecedents, but this is a matter of but little consequence."

Dr. C. thinks it possible that many of those refractory cases of dropsy, which refuse to yield to treatment, may be connected with venous inflammation and its consequences, "as in the ordinary occurrence so often met with in phlegmasia dolens." In opposition to Dr. Crampton, we maintain that the swelling in phlegmasia dolens is not dropsical. It is elastic, and the dent made by the finger rises rapidly again to the common level—so very different is it from dropsy or œdema. It is astonishing that so obvious a distinction should have escaped such a man as Dr. Crampton! We do not doubt that, in his *post-mortem* examinations of what he terms PHLEG. DOLENS, he found the "veins inflamed, and the vessels often plugged up with fibrine and purulent effusion"—because we verily believe that he never examined a case of the disease in question—unless the patient died of some other complaint. We have never seen death result from this disease, nor have we met with any of our brethren who has seen it terminate fatally. That phlebitis is a much more common disease than was imagined some years ago, we readily grant—and as it is very generally fatal, we separate it from phlegmasia dolens.—*Medico-Chirurg. Review.*

III.

ON WOUNDS OF THE THROAT. BY BARON LARREY.

CASE I.—*Complete Division of the External Carotid—Recovery.*

M. ARRIGHI (now Duke of Padua, and then aide-de-camp to General Berthier) received a musket-ball in his neck, at the siege of Acre, by which the external carotid artery was cut across, near to the place where it is given off from the internal, and as it enters the parotid gland. The gush of blood from both apertures of the wound attracted the attention of the artillerymen, and one of them instantly pushed a finger into each opening, and thus arrested the flow of blood. Baron Larrey was immediately called, amidst a shower of shot and shells. He applied pressure, and maintained it carefully for some days, by which means, and without any ligature, life was preserved, and all hemorrhage prevented.

CASE II.—*Partial Division of the External Carotid—Recovery.*

After the battle of Waterloo, the Baron had an opportunity of seeing a young English soldier who had had the left external carotid artery *partially* opened. The hemorrhage was alarming; but the English surgeon cut down on the aperture, and tied the artery both below and above the wound. The patient entirely recovered.

CASE III.—*Wound of the External Carotid and Thyroid Arteries—Recovery.*

Henry Gabon, of the Swiss Guard, was brought into the Hôpital de la Garde, on the 21st of November, 1828, immediately after receiving a sabre-wound, while fighting a duel, in the upper part and right side of the neck. When the Baron arrived, the man was nearly dead from hemorrhage and suffocation. The wound was laid bare, while an assistant made pressure on the line of the artery, and then the Baron enlarged the orifice, and discovered that the superior thyroid artery was wounded, as also the external carotid itself. A cellular pouch had formed behind the thyroid gland (which was goitrous), filled with clotted blood, and which was pressing on the trachea. The removal of these clots was followed by a jet of arterial blood. The Baron was unable to seize the vessels from which the blood issued, and therefore laid bare the trunk of the common carotid, and passed a ligature round it. He was not a little surprised to find this artery no larger than the radial artery at the wrist. The great source of hemorrhage was thus cut off; but some vessel still continued to supply blood at the upper part of the wound. This vessel was fortunately seized by the forceps and secured. The wound was then cleaned and dressed. The breathing continued difficult, and the lips deadly pale. For two or three days, it was doubtful whether this man would rally; but eventually he recovered.

Case IV.—*Wound of Pharynx—Recovery.*

A grenadier of the army of Egypt was wounded by a bayonet, the broken point of which remained, for six weeks, deep in the left side of the pharynx, behind the arch of the palate. The man had entirely lost his voice. The Baron, with great difficulty, seized the foreign body and extracted it. The voice was instantly restored. The iron had pressed on the laryngeal branch of the par vagum.

Case V.—*Wound of Larynx—Tracheotomy—Death.*

A subaltern officer of the Guards was brought into the hospital on the 7th of June, 1824, presenting a wound in the neck, on the right of the larynx, so small as to be scarcely perceptible. There was great ecchymosis and tumefaction of the whole anterior region of the neck, with deep-seated pain in the chest. Voice and speech were gone—the respiration exceedingly difficult, as well as deglutition. He informed Baron Larrey, by writing, that this wound was made by a small sword. Venesection was repeatedly employed, together with cupping and leechings, which gave some relief. On the sixth day, however, he was menaced with suffocation, and his face was blue and bloated. The Baron found him apparently in the agonies of death. In this crisis, he determined on tracheotomy. He made an incision through the integuments of some length, and then perforated the space between the thyroid and cricoid cartilages. An immense explosion of air was the immediate consequence, together with the expulsion of several clots of blood. Respiration succeeded, and considerable relief was the result. A paroxysm of suffocation, however, soon after occurred, owing to the obstruction of the orifice in the air-passage, and a tube was quickly inserted. Relief was again obtained; but thirst was intolerable, and the unhappy patient was unable to swallow. In this dilemma, a tube was, with great difficulty, passed into the stomach, and fluids introduced into that organ. The thirst was moderated; but he could not bear the presence of the hollow bougie, and tore it out himself. He lingered in dreadful agony till four o'clock the next morning, when he expired.

On dissection, an abscess was found in front of the three superior cervical vertebræ (which were denuded), the size of a hen's egg, and which had pressed so much the parietes of the pharynx against the cricoid cartilage and upper part of the trachea, that respiration could not be carried on through the aperture that was made by the knife. A purulent infiltration had also penetrated down into the chest through the cellular membrane.

The Baron, in his remarks on this case, does not allude to the possibility of life being saved if the opening had been made lower down in the trachea, instead of the place which he pitched on for the operation. In all cases where tracheotomy is deemed necessary, the lower down the operation is performed, the more difficult it is—but the greater is the chance of success, for the obvious reason that we are thus the more likely to get below the obstruction.

Case VI.—*Wound of the Root of the Tongue, with loss of part of the Epiglottis.*

General Murat (afterwards King of Naples) received at the battle of Aboukir a musket-shot, which traversed the neck, from side to side, wounded the root of the tongue, and carried away a portion of the epiglottis. Baron Larrey was on the spot, and rendered immediate assistance. The first phenomenon which he observed, was the discharge of the injured portion of the epiglottis, followed by a considerable expectoration of frothy blood. The General was harassed for some days with painful cough, loss of voice, &c. The Baron cleared the orifices of the wound both at its entrance and exit, and then introduced an elastic tube into the œsophagus, for the purpose of introducing liquid nourishment and drink into the stomach. This was necessary, as there was no proper valve to prevent the ingress of substances into the trachea. In the course of eighteen days, however, the parts had so accommodated themselves to the loss of a portion of the epiglottis, that his illustrious patient was able to swallow with little or no inconvenience.

Case VII.—*Loss of the whole of the Epiglottis.*

In this case, which was that of a soldier in Egypt who was wounded by a musket-ball on the 21st of March, 1801, the whole of the epiglottis was carried away. The poor fellow was devoured by thirst, but could not drink, and harassed with incessant cough. In this dreadful state he continued four days, without any relief. When Baron Larrey saw him, he was in the most piteous and dangerous condition. The Baron was enabled to pass a gum-elastic tube down the œsophagus, and through this to introduce liquids into the stomach. By a long and assiduous perseverance in this measure, the life of the soldier was saved, and nature supplied the place of the epiglottis by a contrivance of her own.

Two other cases, nearly similar, are related by the Baron, but the foregoing are, we think, sufficient for the elucidation of the present subject.*

IV.

COLCHICUM IN RHEUMATISM.

The following letter from Mr. Tweedie, of Guy's Hospital, London, to the Medical Gazette of that city, gives the result of some trials of powdered colchicum root, in doses of 4 grs. every 4 hours—6 grs. every 6 hours, &c. &c., each dose combined with 20 or 30 grs. of Epsom salts, and a little magnesia. As the practice has been long common in this country, it is pleasant to find its success confirmed by an English physician of so much note as Dr. Addison.

Though colchicum, says Mr. Tweedie, has long maintained a very respectable rank in the list of our remedial agents for the cure of rheumatism, yet from time to time there have been some who have doubted its efficacy; and even when used with the happiest effects, the result has not been so speedy as to satisfy the sanguine expectations of many of its supporters. Much of this discrepancy of opinion is doubtless ascribable to the notorious fact, that the fluid preparations of the drug are compounded in many different ways by various practitioners — a circumstance of itself sufficient to produce great uncertainty of effect, and in many cases complete disappointment.

---

* From Clinique Chirurgicale.

Another great cause of failure and uncertainty may perhaps consist in this, that the remedial principle of the drug is probably not entirely taken up by the menstrua in either of our pharmacopœial preparations; so that when the vinum, or the acetum colchici, disappoints our expectations, we are scarcely justified in condemning the drug as useless, whose specific principle has, under such circumstances, never been administered at all, or very partially. To obviate these objections, it becomes necessary to administer the remedy *in substance;* and it is to show the benefit of this plan of exhibition that I have ventured to trouble you with these remarks.

The form of application most commonly, I believe, adopted, and which has for some time past been practised by Dr. Bright in this hospital, is the vinum colchici, combined with so much magnesia and Epsom salt as might suffice to procure several stools daily. Now this, though hitherto the most successful practice, was yet found to fail so frequently—to seem, in fact, so often inert, that Dr. Addison, our then clinical physician, was happy to avail himself of the evidence of Dr. Jackson, of Boston, in the United States, who was attending our clinical wards as a pupil, and who stated that in the hospital at Boston it was customary to administer the colchicum (for the cure of rheumatism) in substance, to the extent of ʒss. in twenty-four hours, combined with a little magnesia and salts, with such uniform good effect, that he had never had the opportunity of seeing any other plan of treatment called for or adopted, nor was depletion ever premised. Dr. Addison accordingly determined to give the remedy a fair trial, and the following cases, briefly related, will show with what effect.

[Four cases are here related, in all which it was successful, and the letter concludes with the following remarks.]

The sum and substance of what has been already said respecting the treatment of rheumatism, has, I believe, pretty well established the fact that colchicum is its best remedy; and I think the above cases (only a portion of those similarly treated by Dr. Addison in our clinical ward) afford proofs of the powers of the drug, such as are seldom witnessed from the exhibition of any of its artificial preparations. When administered as above described, in doses proportioned to the age and strength of the patient, it for the most part exercises an influence on the system at once marked, decided, and beneficial. After four or five doses have been taken, this influence begins to show itself: the pulse, which was before hard and frequent, diminishes in number very remarkably; it becomes at the same time softer and more expanded, and there is a hesitation in its beat truly characteristic. The pulse, in fact, resembles much that of oppression of the brain in its slowness and hesitation, but none of its hardness. With this there is a sense of vertigo and dizziness, especially when the patient attempts to sit up. The pupils are sometimes dilated ; there is occasionally, but not always, nausea ; and the patient complains of uneasy griping sensations in the abdomen, which are chiefly referred to the hypogastric region, and always aggravated during the act of either of the evacuations. The stools are for the most part characteristic ; they are of a peculiar loose, yellow nature, such as are seldom, I believe, seen under other circumstances.

In proportion as these symptoms indicate the influence of the colchicum on the system, the rheumatic pain becomes diminished, the swelling and inflammation subside, and in a very brief space of time indeed (as evidenced by the above-related cases), the disease is at an end. The remedy being now discontinued, all its symptoms gradually decline, leaving the patient quite convalescent, and with a good appetite. But this remedy is by no means infallible.

When administered so as to make the impression on the system above detailed, and when the number of stools procured by its combination with the magnesia and salts does not exceed three or four daily, a rapid improvement takes place ; but there are individuals who cannot be placed under this favorable influence. The exceptions to which I allude consist of those cases where the mucous membrane of the bowels is so irritable, that sufficient doses of colchicum cannot be administered without inducing excessive purging ; and it has been found in our clinical ward, that when such purging takes place, the system manifests none of the symptoms above mentioned, as indicative of the influence of the medicine. In such cases, it would appear that it expended its whole powers on the bowels, and became removed from the body by the action of purging, before it had time to affect the general nervous and vascular systems in the peculiar manner on which seems to depend its favorable operation. These exceptions, however, constitute only a minority ; and I know of no rule by which they may *á priori* be known. Dr. Addison gave the colchicum in nearly every case of acute rheumatism indiscriminately ; if purging supervened, he found no difficulty in arresting it by means of Dover's powder, &c., and in continuing the treatment accordingly by other remedies.

In very chronic, and in mercurial and syphilitic rheumatism, the colchicum as here recommended has not been successful, hypercatharsis being in some instances induced, and in others the remedy failing, even when symptoms have clearly indicated its impression on the system ; but in the more acute cases we have had the opportunity of treating, except where the bowels have been too irritable to bear the remedy, we have not had a single instance of failure.

V.

PEDICULI.

For the Boston Med. and Surg. Journal.

The nature of the attacks of these disgusting animals is sufficiently understood. There is, however, one situation in which their presence is seldom suspected, but in which the writer has found them, and where they cause symptoms which, if misunderstood or injudiciously treated, may prove very serious. This situation is the hairy part of the eyelid. While in attendance on the father of an Irish family in this city, I was requested to examine the eye of a child about three years of age, and apparently in perfect health. The child had been in the habit of rubbing its eyes very frequently; and this circumstance had attracted considerable attention. On examining, I could at first discover nothing besides the ordinary appearance of the part; but having remarked some animalcules on other parts of the person, I was led to re-examine the eyelash more closely, and actually found a number of these vermin quietly deposited at their usual station, the roots of the hair. I immediately applied a mercurial preparation, and in the course of a few days, the lice having dropped off, the irritation entirely disappeared.

MEDICUS.

MEDICAL JOURNAL.

BOSTON, JULY 19, 1831.

CHOLERA.

NEXT to the all-engrossing topics of political convulsion and revolutionary struggle, there seems to be nothing in the accounts from Europe more interesting to humanity, than the ravages of this fearful pestilence; and although at this distance we may feel no livelier emotion in regard to it than that of curiosity, we may well desire to know something of a malady, which, commencing at a point nearly the farthest possible removed from ourselves, has already traversed nearly one half of this mighty interval, and seems destined to be arrested in its progress only by the ocean which divides us from Europe. The commencement of that cholera which is now ravaging the immense districts of the Russian empire, may be referred to the year 1817, when it showed itself in Iessore, a city contained within the delta formed by the Ganges, and less than an hundred miles from Calcutta. From this point it spread through the government of Bengal, then along the Coromandel Coast to Cape Cormorin, and finally into the interior of the peninsula of Hindostan. In 1818, it reached Bombay; and from that period to the present, has never ceased to be present in one or more of the provinces of British India. In 1820, it had reached the Humualeh mountains on the north, and in its progress east, had visited many islands in the Indian Ocean. In 1822, it ravaged Cochin China, and extended itself from island to island as far as the Moluccas on the south, and the Philippines on the north. In its westerly course, it appeared to take two routes; the one leading through the Arabian Sea and up the Persian Gulf, the other across the immense territory of Persia itself. In its former course, it passed through the city of Bassora, and in 1823 was found in Syria on the shore of the Mediterranean. With a still more rapid course, it passed north, ravaged the cities of Teheran and Tauris in Persia, gained the Persian Gulf, and in September of the year just named, had appeared in Astrachan in Asiatic Russia. Here its progress in this direction appears to have been arrested. In the following November, it yielded to the approach of winter; and thus encouraged the belief that however it might again show itself in that direction during the short period of summer, the first appearance of frost would quickly put it to flight. This calculation was destined to prove illusory. The disease has since returned with increased force, to the same district from which it had apparently been banished; and it is now found that not even the rigor of a Siberian climate can check its fatal progress. It is still more remarkable, that in its recent course it has constantly been gaining a higher latitude; and the district of Orenburg, which was the scene of its ravages the last year, is comprised between 50 and 55 deg. north. By the latest accounts, it had appeared in Galicia in Poland, where it will add the misery of pestilence to that of war. The precautions which have been taken to guard against its approach, in certain districts and towns, by acts of quarantine and non-intercourse, have proved unavailing. In fact, it appears very unlikely that contagion in a proper sense is the principal means by which it has been disseminated. On this point, however, the same sort of controversy seems to have arisen as in regard to the Gibraltar epidemic; one party maintaining its contagious character, and another with equal pertinacity denying it. The conclusion arrived at on the whole, seems to be nearly that to which the careful observations of Humboldt led him in regard to the yellow fever; namely, that it was incapable of becoming epidemic by contagion, but that, when epidemic, it might be propagated from one individual to another through the medium of contact. The degree of severity of the disease has been variable, but in the severest cases, the powers have been entirely prostrate from the first, and death has occurred within a few hours. The proportion of fatal cases is stated at two thirds, but does not seem to have been very accurately ascertained. Indeed, until within a few months, the statements in regard to the disease which have come before the public have been vague and unsatisfactory; nor is it until the attention of the Russian government has been directed to the subject, that any considerable information as to its peculiar characteristics appears to have been elicited. Two documents, indeed, emanating from other sources, are mentioned with respect, and therefore deserve our notice. One is an official report presented to the British authorities in India by a Mr. Jameson, Secretary to the Medical Board of the province, in 1820; in which the question as to the origin of the disease is said to be very fully discussed. The other is a paper read to the French Academy, in 1825, by M. Moreau de Jonnés, an outline of which appeared in the journals of the day. The former of these documents has not found its way to this country, and the latter is still unpublished. The munificent prize which is offered by the Emperor Nicholas for the most successful treatise on this subject, will undoubtedly lead to its full investigation.

In the mean time, we observe that an official report of the most important details regarding the disease as it appeared in the province of Orenburg from the autumn of 1829 to that of 1830, has been presented to the Russian government. This memoir, which was published in Russian, was not very accessible in its original form. A condensed view of the most important facts contained in it, was published in German by Professor Lichtenstein, of St. Petersburg. The following translation of this paper we obtain from an English journal, the Foreign Quarterly for April last; though not entirely satisfactory on all points, it certainly contains more interesting and valuable information than any document on the subject with which we are acquainted.

The disease first showed itself in Orenburg the 26th August, 1829, and in the village of Massina, February 6, 1830. The number of sufferers amounted to 3590, of whom 2725 recovered, 865 perished. Considering the apprehensions excited as to the results, the treatment adopted must be esteemed very effectual. From the combination of individual observations and experience, the medical board has arrived at the following conclusions: which, with reference to the strongly-disputed point of the contagiousness of the distemper, as well as a general insight into its nature, and the remedies applied, will be found of the highest importance.

1. That the disease prevailing at Orenburg within the specified period, was actually the cholera.

2. The important question, whether the disease originated in Orenburg itself, or was introduced from its boundaries on the Kirghis side, in spite of the most rigid investigation on the part of the local medical board, is yet undecided.

3. The other question, however, which does not yield to it in importance, viz., whether the disease be contagious, is now more satisfactorily settled than the first. From the first observations on it, independent of the description of the staff-physician of Sokolou (all of which appear at length in the work), we might be induced to think that the cholera did not communicate itself to the patient by immediate contact. However, in the progress of the malady, the local boards, as well as the physicians, have been fully convinced that the cholera does in fact disseminate itself from one man to another, and by this means travels from place to place.

4. From all observations collected, we must come to the conclusion that the contagiousness of the cholera, though in some instances incontestible, is nevertheless not so apparent as that of the plague and yellow fever. The infectious power is not so visible in its operation on all who come in contact with those afflicted with it. This is most conspicuous in the primary stage of the disease.

5. All this tends to confirm the decision of the medical board, that the cholera, in common with many other epidemical disorders, becomes in process of time contagious, and may then extend itself by communication.

6. The police and quarantine regulations adopted in the Orenburg government, were doubtless of great benefit; nevertheless, it occurred, as related by the staff-physician, that the inhabitants, after the enforcement of a fourteen days' quarantine, were visited by this disease. Allowing that this happened without any recent intercourse with persons and places affected, we must concede that the term of fourteen days was scarcely adequate for the full development of the latent malady in the subject. It has resulted from ob-

servation that the contagiousness really exists.

7. Confiding in these remarks, and not in any theories that may have obtained on the subject, we must allow that the progress of the disease at Orenburg was of the most rapid nature. In the course of twelve to eighteen hours from its commencement, the disease has been known to terminate fatally.

8. The cholera, partaking of the character of the plague, can recur and affect the same persons again.

9. Change of weather and climate has apparently no influence on the progress of the cholera. The cold, in contradiction to early observations, has not the least power over it. It was in December and January that it attained its utmost malignity, and extended itself in some places at a temperature of 27 to 30 deg. Reaumur.*

10. The faculty of Orenburg adopted no other police or precautionary measures against the cholera than those prescribed in the directions of the medical board. They consist in an entire separation of the patient from the sound members of the community, and in a faithful application of all external influences which may benefit him.

11. The protecting power of camphor has, it appears, on this occasion proved ineffectual. In none of the observations collected, is it mentioned.

12. In the treatment of the cholera, the necessity of the immediate application of medical means has been abundantly established. The lapse of a few hours, without recourse to the assistance of art, will render the disease very dangerous—often incurable. The *médicine expectative* cannot be made available here. The strongest medicines must be applied without the least tampering or intermission.

13. From amongst the multitude of remedies we may select the chief, viz., bleeding, calomel, opium, warm covering, and friction.

14. Oil of cajeput, volatile alkali, and muriatic acid, fail of their expected operation here.

15. The mortality of this epidemic was not so extensive as it is described to be in its ravages in the south of Asia. A census of the mortality was taken by the Orenburg government, where the people were in the habit of concealing the disease in its incipient state, and where little attention is paid to cleanliness and salubrity of dwellings; and if we compare the details in the lists of the dead, we shall find some districts which have suffered more severely than others.

PREVAIILNG ERUPTION.

Troublesome Bedfellows.—We were shown yesterday, a bevy of (Hessian) flies, taken alive from a straw-bed. Many people suppose that they have been bitten by this kind of fly, which has caused the very troublesome humors so prevalent at this time. Several other persons have opened their beds and found myriads of this fly. The straw is of our last year's growth. In the town of Lexington we learn that every straw-bed in the place was recently burnt, being found to contain the above fly. But we do believe, however, that the humor which so disfigures the faces of men has some other origin, yet unknown to physicians, and for which scarcely a single cure has been found. Though this scourge is so extensive we have seen no mention of it in the papers.

The above is from the Gloucester Telegraph, and refers to the eruption which has been so prevalent of late in this city and vicinity, and, in fact, through the whole country north of the Potomac. We can assure the Editor of that paper that the picture he has drawn is far too gloomy. We apprehend that his idea has arisen in consequence of the fact that eruptions are generally submitted to popular remedies and the prescriptions of elderly women, instead of the skill of the faculty. Where people have placed themselves under the care of their regular physicians, we have known—a few to be sure—but very few cases in which the disease has not been speedily and thoroughly cured.

---

* We apprehend this must be an error. It was probably intended to be *minus* 27 and 30.—Ed.

Absorption of the Iris.—A boy received a blow upon the eye, from a piece of metal, which was followed by considerable pain and inflammation, and laceration of the iris. For a time the pupil was cordiform, being pointed at its lower part. Slowly and without any pain, the whole of the iris was absorbed, and the eye became amaurotic. I have several times noticed a similar occurrence, namely, laceration of the iris, from local injury, followed by its partial, and in one instance its total, absorption; and in every case the organ so injured has, eventually, become amaurotic.—MR. MIDDLEMORE.

Cider in the Morning.—We understand that several persons in this city were, a short time since, severely affected with colic, in consequence of drinking cider in the morning which had rested through the night in the leaden pipe and pump of Mr. Philpot. In passing through Danvers a year or two ago, we stopped at a public house; and, with our *companion de voyage*, regaled ourself with a tumbler of soda water from a similar fountain. The landlord had probably not made a fortune that day by the sale of this wholesome beverage, and the severe vomiting it produced in both of us was doubtless owing to the water having remained too long in contact with the leaden pipe.

Whole number of deaths in Boston the week ending July 8th, 23. Males, 10—Females, 13.

Of consumption, 3—scrofula, 1—spasms, 1—inflammation on brain, 1—infantile, 1—scarlet fever, 2—throat distemper, 1—suicide, 1—brain fever, 1—tumor, 1—unknown, 1—dropsy, 1—drowned, 1—intemperance, 2—dropsy on brain, 1—bleeding at lungs, 1, &c.

ADVERTISEMENT.

MEDICAL SCHOOL IN BOSTON.

THE MEDICAL LECTURES OF HARVARD UNIVERSITY delivered in Boston will be commenced in the Autumn, at the usual period, viz., on *the third Wednesday in October*. They will be continued four months.

This extension in the term of the Lectures has been thought necessary to afford time for such a course of instruction and demonstration, as is deemed by the Faculty to be requisite, under the advantages which have recently accrued to the School.

The Legislature of Massachusetts, with an enlightened liberality, which does honor to our age and country, have extended the protection of law to the cultivation of Anatomy within this Commonwealth. The advantages which will hence result to students resorting to this school will be sufficiently obvious. It will be the aim of the Professors to carry into effect the intentions of the Legislature, in such a manner as to evince at the same time their respect for the rights of humanity, and their interest in the promotion of the healing art.

The opportunities for practical instruction at the Massachusetts General Hospital continue undiminished.

The Courses of Lectures will be,
On Anatomy and Surgery, by Dr. WARREN.
On Chemistry, by Dr. WEBSTER.
On Materia Medica, by Dr. BIGELOW.
On Obstetrics and Medical Jurisprudence, by Dr. CHANNING.
On Theory and Practice of Physic and on Clinical Medicine, by Dr. JACKSON.

WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, June 15, 1831. July 19. * 6t.

THE BOSTON MEDICAL AND SURGICAL JOURNAL
IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,
At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, JULY 26, 1831. [NO. 24.

I.

A FEW REMARKS ON THE CONSTITUTIONAL MANAGEMENT OF CONFLUENT SMALLPOX.

WE offered, a few weeks ago, some remarks by Mr. George on the local application of calamine to the pustules of smallpox. The following observations, by the same surgeon, are now republished as connected with those before referred to.

If the conclusions, says he, which I have drawn from the effects observed on treating the smallpox locally with calamine be correct, it necessarily follows that the general plan of constitutional management must be materially altered. By characterizing the disturbance in the system as fever, we are naturally led to the employment of remedies that are little calculated to relieve a state of constitutional irritation—opium to procure ease, ammonia to support the powers of the system, even bark, after a short interval, become our resources, with an appropriate plan of nourishment, all adapted to meet the exigencies of the case. I am induced to suppose any other mode of treatment would lead to a continuance of that ruffled state of constitution occasioned by the shock which the disease has communicated to the nervous system, and assist in deceiving us in regard to the existence of fever. I can imagine that even the daily action of a purgative, after the ninth or tenth day, would produce a rapid and irregular circulation, with all its consequent distress; for, it appears to me, that it is at this time we are more particularly called upon to restore, and not to detract from, the reduced powers of the system : bark, wine, brandy, &c., were daily administered at this period in both the cases which I have related to you ; and in the instance of the man, a purgative, composed of the tartrate of potash, senna, and rhubarb, produced such abdominal distention and general distress, as required nearly half a pint of brandy to relieve him from, and no purgative effect produced : eight grains of rhubarb were then added to his cordial bark mixture, which was consumed daily, with the effect of producing one evacuation. It seems almost natural to us to be tenacious of our own opinions, and perhaps not always so in proportion to their value. I acknowledge the possession of my share of human frailty in believing that those who advocate a different system will, to use the words of Sydenham, "find themselves as much in the wrong as an old woman would be, who, to make her pot boil more gently, should make a larger fire underneath." It is impossible to be offended with anything that Sydenham says !

II.

CASE OF COLICA CONSTIPATA REMOVED BY INFLATION. BY JOHN KING, JUN., SURGEON.

The importance of inflation as a remedy for obstruction of the bowels, appears to me not to be sufficiently appreciated at the present day. It was first recommended by Hippocrates for the removal of intestinal obstruction; in more modern times, it has been resorted to by Hoffman and Haller; and notwithstanding the neglect it has since experienced, I cannot but regard it as worthy of an eminent position in the list of therapeutic agents. The treatment usually prescribed in cases of ileus or colica (without inflammation) is very discordant, as witness,—warm baths, fomentations, injections of warm water and oil, rubefacients, and blisters,—contra—cold effusion and immersion, freezing lotions, pounded ice and snow; not to mention emetics, purgatives, and mechanical distention by warm fluids, quicksilver, gold and silver balls, &c.,—and when all these remedies have failed, bloodletting, tobacco, in infusion and smoke, and lastly, gastrotomy. Yet this simple means of inflation, although probably the most powerful, and the least dangerous, is entirely overlooked. It paralyses, as it were, the constricted fibres of the bowels, and may be used in the following cases, if not with complete success, at least with advantage, viz., the various kinds of colic proceeding from torpidity, spasmodic constriction, viscid meconium in newborn infants, impaction, bezoards, and other intestinal concretions, volvulus or intus-susceptio, and some cases of hernia. It was a happy thought of those who hit upon this means in the hour of danger, after all their other efforts had proved nugatory. For although tobacco, which is often used as a last resort, sometimes is successful, it is not uniformly so, and it too often happens that the patient, rather than undergo a repetition of it, beseeches to be allowed "to die in peace." We may also observe the hesitation with which the practitioner has recourse to it, not only because of its doubtful efficacy, but on account of the danger there is of greater exhaustion being produced by it. I take the liberty of giving one case, as I conceive it may give some idea of the power of inflation.

In September, 1829, I was requested to visit Mrs. G., æt. 26, of rather delicate frame. On the night previous to my visit, she experienced an uneasy sensation in the region of the stomach, for which she took eight grains of calomel combined with a half-drachm of compound powder of jalap, without any impression on the bowels. During the night, this uneasiness increased to an almost intolerable pain, accompanied with obstinate vomiting, which continued till the evening, when I saw her. In the course of the day she took two doses of castor oil, and received five injections. When I entered the apartment, she was sitting near the fire, and her body bent forward; the face was wan, hollow, dejected, and of a dingy yellow color; the surface of body and extremities inclining to cold. Pulse 80, soft, and much compressed—tongue, at the back part, covered with a brownish-colored mucus—she had obtained no alvine solution for six days. She took no notice of my being present, or of anything going on around her, but informed me, when questioned as to the seat and kind of pain, that it was of "a violent screwing nature, working between the stomach and navel,"—coming on in paroxysms, and ending in, or producing vomiting. I ordered the warm bath, and gave a teaspoonful of laudanum with compound spirit of lavender, which was soon afterwards vomited. Upon this, an effervescing mixture was given, then five drops of croton oil with some laudanum, and in about three quarters of an hour, five drops more without laudanum: but each in its turn was rejected, with a quantity of yellow-colored fluid. It was at this time I first thought of inflation. For this purpose I procured a pair of common bellows, and securing the bladder of a glyster bag to the nozzle of the bellows, the pipe was introduced into the rectum, while the patient lay on her right side, and the bellows was commenced being wrought. As soon as the air entered the rectum, the effect was immediate and satisfactory; the countenance lost its anxiety, the eye brightened, and the patient said she felt quite relieved. A gurgling noise was heard in the bowel, with an escape of fetid air; and in about a minute from the time the air began to enter the rectum, she requested to be allowed to go to stool. She had a copious dejection and a good night's rest; and next morning complained only of being much enfeebled, but was otherwise well.

I was deeply impressed, about five years ago, with the fatal result of a case of intus-susceptio, in a fine robust infant, six months old; which was supposed to proceed from the effects of half a teaspoonful of some syrup of poppy, made, as is commonly done, with opium, given for the purpose of procuring sleep during the period of teething. About eight hours after it was given, the child began to cry vehemently, having appeared restless and uneasy for several hours previously. Early in the forenoon it passed a very scanty stool, streaked with blood; soon after this, vomiting commenced, which continued until the little sufferer sank. Is it unreasonable to imagine that if inflation had been used in this case, the result would have been otherwise? I was hereby shown the necessity of seeking more powerful means than fluid injections, &c. And I hope, as I firmly believe, that inflation with common air is the necessary desideratum. I conclude, with Dr. Cheyne, "that a man dying of ileus presents one of the most pitiable sights in nature; and a leading object of this paper is to remove a part of the horrors of the scene, by withholding many of the bitter doses which are forced upon him by the solicitude of his friends and the officiousness of his physician."

Glasgow Med. Journ.

III.

RUSPINI'S STYPTIC.

Dr. A. T. Thomson has announced the discovery of the composition of this nostrum, and we hope he may be found correct; for, unquestionably, the medicine is one of the most powerful restrainers of hemorrhage which we possess. Its price is enormous, and therefore its utility—indeed its use, is greatly curtailed. Without going into the process by which Dr. T. arrived at his conclusions, we may observe that he considers *Gallic Acid* as the active principle of this styptic. There are in it, he remarks, minute quantities of opium and sulphate of zinc, but they can have no operative effect. Dr. T. avers that the vehicle is alcohol, with a small quantity of rose-water to give it odor. This observation induces us to fear that there is some mistake, or that more than one kind of Ruspini's styptic is in the market. That which we examined a few months ago, while exhibiting it in a case of internal hemorrhage, was insipid and tasteless as spring water. It had no appearance of alcohol. Dr. T. informs us that alcohol dissolves one-fourth of its weight of gallic acid—and consequently that "an excellent styptic may be, at any time, extemporaneously prescribed." "In cases of hæmaturia, the addition of some gallic acid to a tincture of uva ursi will be found to answer every indication which can be expected from the employment of astringents in this disease." Dr. T. thinks the gallic acid is taken into the circulation, and passes undecomposed through the kidneys, so as to reach the bleeding vessels wherever situated.—*Lond. Med. and Phys. Journ.*

IV.

ELECTRICAL PROPERTIES OF CAOUTCHOUC.

PROF. WALTER R. JOHNSON, in a paper read to the Academy of Natural Sciences, April 20, 1830, has developed the electrical properties of caoutchouc, and states some novel results and applications.

Although Dr. J. K. Mitchell had before placed it among non-conductors, Mr. Johnson has shown that it is one of the most perfect non-conductors. In the common process of removing pencil marks from paper, much of the latter, with the crayon and some of the abraded rubber itself, adheres to the firm part of the latter, chiefly at the last stage of the rubbing, by an electrical attraction, and accordingly, when the hand is passed lightly over the rubber, the adhering matters drop off, because the hand conducts away the electricity.

When a piece of India-rubber is pressed closely upon the brass cap of a Bennet's gold leaf electrometer, and suddenly withdrawn, the leaves will diverge and strike the sides of the glass; if the rubber is simply stretched and applied, the excitement is feeble, especially if slowly withdrawn, "while a smart separation causes the leaves to diverge at once to their greatest extent." The production of heat, when a thong of caoutchouc is held against the lips and suddenly pulled to the utmost, and at the same moment pressed hard, is well known.

According to Dr. J. K. Mitchell, the caoutchouc, even in the extreme thinness to which he reduces it by his peculiar mode of expanding it, by blowing after immersion in ether, entirely prevents the passage of the electric spark from the prime conductor; it is however probable that it would be lacerated by the discharge from a powerful battery.

The remainder of Mr. Johnson's paper, we quote entire.

"The fact, however, that it has a power of resisting to a considerable extent, points it out as a good medium to be interposed between the two surfaces of the condenser, or substituted in some form for the Leyden phial.

"For this purpose, a piece of gum, reduced to a very thin sheet, may be interposed between two sheets of tin foil and laid upon a table; a thicker sheet of gum may then be laid upon the upper sheet of foil, so that the edge of the latter should be at some distance from that of the former. The whole may then be rolled up into a coil, allowing a small part of the included tin foil to project out at one end of the roll. A charge may now be given to this apparatus, and a shock obtained by connecting the outer sheet of tin with the part of the inner, projecting at the end.

"A disk of metal may be covered with a thin sheet of caoutchouc, and another disk furnished with an insulating handle placed above it; this apparatus will serve all the purpose of the ordinary condenser.

"I have stretched a piece of gum upon a circular piece of board, six inches in diameter, with a coat of tin foil underneath; on rubbing this with flannel, it becomes highly electrified, and if a plate, like the upper or receiver plate of the electrophorus, be placed upon it and touched, it will evince a very vigorous action on the electroscope.

"This effect may be increased by the use of the condenser, and even a common Leyden jar may be charged in favorable weather to a considerable degree of intensity.

"By a single contact of the plate of this electrophorus, so much electricity is sometimes developed, that it will communicate to a pin's head electricity enough to turn the small needle of the silk thread torsion balance through two or three revolutions.

"The non-conducting property of caoutchouc may be profitably employed in the construction of torsion balances, for measuring the intensity of electrical action. For this purpose, a string of the gum, of any convenient thickness, may be cut from a sheet or bag, making it as nearly as practicable of *uniform* thickness. This may afterwards be reduced to the required size by treating it with ether, stretching it, and allowing it to remain distended until the ether is fully evaporated. A small longitudinal hole may then be made at one end, through which a needle of gum shellac, carrying a disk of metal, or what is better, a very thin spherical bag of caoutchouc at one extremity, may be accurately adjusted on its centre of gravity. *Insulators* of this substance may be formed either in plates, strings, or conical portions of bags, to support any required apparatus.

"Hence it appears that nearly a complete set of electrical apparatus may be framed of this substance, capable of being transported with perfect ease and safety under circumstances in which the common apparatus would be inevitably demolished. In a large bag, or extended sheet, it may be used for the *cylinder* or *plate* of the common machine. A portion of the same may be substituted for the *rubber*. The electrophorus, the condenser, and the Leyden jar, may be formed of it. The torsion balance, constructed with balls of this substance instead of pith balls, is an instrument far preferable to that of Coulomb. The jar may receive either the coiled form already described, or it may have the usual form by making the inner coating of tinned iron, covering it with a thin sheet of gum, and then adding an exterior coating of metal."—*Amer. Journ. of Science and Arts.*

V.

MANUFACTURED ARTICLES FROM HORNS AND HOOFS.

A PATENT was enrolled, March, 1829, to J. & T. Deakin, of Sheffield, for certain methods of making, from horns and hoofs, various articles, such as handles and knobs of drawers, curtain rings, bell pulls, door handles and knobs, key-hole escutcheons, covering for doors and window-shutters, finger plates, knobs and handles of table knives and forks, &c.

The method of making some of these articles is thus stated :—

In making a ring of horn, the required piece is first cut out of the flats, of its proper dimensions, and nearly in the shape of a horse-shoe ; it is then pressed in a pair of dies to give its surface the desired pattern, but previous to pressing, both the piece of horn and the dies are to be heated : the piece of horn is to be introduced between the dies and pressed in a vice, and when cold, the pattern or impression will be fixed upon the horn.

But the dies are to be so made that the open ends of the horse-shoe piece of horn, after being pressed, shall have at one end a nib, and at the other a recess of a dove-tailed form, corresponding to each other ; and the second operation in forming this ring of horn is, to heat it and place it in another pair of dies, which shall bring its open ends together, and cause the dove-tailed joints to be locked fast into each other, which completes the ring, and leaves no appearance of the junction.

In forming the handles of table knives and forks, or other things which require to be made of two pieces, each of the pieces or sides of the handle, is formed in a separate pair of dies ; the one piece is made with a counter-sunk groove along each side, and the other piece with corresponding leaves or projecting edges. When these two pieces are formed by being first cut out of the flat horn, then pressed in the dies in a heated state, for the purpose of giving the pattern, the two pieces are again heated and put together, the leaves or edges of the one piece dropping into the counter-sunk grooves of the other piece, and being introduced between another pair of heated dies, the joints are pressed together, and the two pieces formed into one handle.

In making knobs for drawers, which have metal stems or pins to fasten them into the furniture, the face of the knob is to be first made in a die, and then the back part of the knob with a hole in it ; a metal disk of plate iron is then provided, in which the metal stem or screw pin is fixed, and the stem being passed through the aperture in the back piece, and the two pieces of horn put together, they are then heated and pressed in dies, as before described ; the edge of the back piece falling into the counter-sunk groove of the front piece, and by the heat they are perfectly cemented together.—*Lond. Journ. of Arts and Sciences.*

VI.

THUNDER STORMS IN FRANCE.

The Count de Triston has made observations on the direction of the thunder storms which have devastated the department of the Lorich for the last sixteen years. The following general inferences have been made by him respecting the progress and intensity of thunder storms in plain countries, intersected by shallow valleys. Thunder storms are attracted by forests. When one arrives at a forest, if it be obliquely, it glides along it ; if directly, or if the forest be narrow, it is turned from its direction; if the forest be broad, the tempest may be totally arrested. Whenever a forest, being in the path of a thunder storm, tends to turn it aside, the velocity of the storm seems retarded, and its intensity is augmented. A thunder cloud which is arrested by a forest, exhausts itself along it, or, if it pass over, is greatly weakened. When a large river or valley is nearly parallel to the course of a thunder storm, the latter follows its direction; but the approach of a wood, or the somewhat abrupt turn of the river or valley, makes it pass off. A thunder cloud attracts another which is at no great distance, and causes it to deviate from its course. There is reason to believe that the action is reciprocal. A cloud attracted by a larger, accelerates its motion, as it approaches the principal cloud. When there is an affluent cloud which was committing ravages, it sometimes suspends them on approaching the principal mass, which is perhaps a consequence of the acceleration of its course; but after the union, the evil generally increases. Twenty-one thunder storms whose course has been distinctly traced, have extended from N. N. W. to S. S. W. No destructive thunder storms have come from any other points of the horizon. Lastly, the position and form of the forest of Orleans, Blois, &c., satisfactorily accounts for the frequency of hail storms in certain communes, and their rare occurrence in others.—*Amer. Journ. of Science and Arts.*

VII.

MEDICAL GALVANISM.

To the Editor of the Boston Med. and Surg. Journal.

Dear Sir,—I have derived much satisfaction from your recent condensed views of the New Medicines, and shall feel under accumulating obligations if your columns can be made to afford the substance, in short space, of all that is *known* on *Medical* Galvanism. It has seemed to me a very peculiar agent, and probably an important one, and might be made to do a *few* things very well; but its too sanguine friends have imposed on it too many offices. I lack experience on the subject; while perhaps some judicious individual has bestowed the same care and impartiality in discriminating its merits as has been given the New Medicines, and can with little trouble furnish the results. Let the inquiry be confined to its effects on the human system alone, for it is quite immaterial to our present purpose whether, in Experimental Philosophy, it seems to be the same fluid as Electricity. I am clearly of opinion, that in some important particulars they are very different curative agents.

The trouble of getting up Galvanism and applying it, has probably induced many of us to rest satisfied with the conclusion that it can be of no great use, or it would be more frequently applied. This excuse will not now do. As the machines are now constructed, it is of easier application than Electricity, and can be used in all weathers, so that I hope a more general trial will be given. You are probably aware that we have now, for the first time, in this city, a scientific maker of these instruments (W. King, Pemberton Hill), where we can at a moment's warning purchase or use all the apparatus, kept ready for use, should our first trial happen to be in a case of asphyxia, by drowning or otherwise. Dr. King was a physician, I believe, but has now devoted himself exclusively to the making and improvement of these machines, as well as to their application under the direction of medical men. His instruments are of the first order, and his improvements on them curious and philosophical, and well pay the trouble of a visit to his rooms, where, I believe, the Dr.'s courtesy has invited us all.

In common with several of the profession, I was not aware how variously modified this agent may be in its application, and would recommend to all in the same ignorance to stop in at Dr. King's, who holds himself ready to make all explanations and illustrations to the profession. Yours, &c.

Boston, July 19. X.

MEDICAL JOURNAL.

BOSTON, JULY 26, 1831.

TREATMENT OF THE CHOLERA.

It appears by accounts received from Paris, that the number of persons attacked with cholera in Moscow, during the four months succeeding September last, exceeded 8000, and that more than one half of these cases proved fatal. The population of Moscow is 250,000. A letter from Dr. Jachnichen, Member of the Counsel of Medicine, and who has been officially engaged in the post-mortem examination of a great number of patients, gives, as the result of his observations, that cholera is not contagious, but is propagated through the medium of the atmosphere, which becomes charged with the emanations from the bodies of the individuals affected; and that in this way a hospital becomes a centre of infection. The miasm appears to have a peculiar affinity for the atmospheric vapors, and to be equally volatile with them. Some of these vapors, condensed in apartments where a large number of patients were collected, have furnished a substance possessing peculiar properties, and similar to that which Monati obtained at Florence. This tendency to unite with the moisture of the atmosphere, is thought by M. Jachnichen to explain the rapid progress of cholera, and the route it has pursued. It is not impossible that the miasm, in a state of solution in the atmosphere, may be conveyed by the wind from place to place, and reproduce the disease in this manner. If so, the inutility of the precautions and sanitary measures hitherto adopted is fully explained, and there seems no prospect of preventing the disease, by any regulations of this sort, from extending its ravages throughout Europe.

We have, in speaking of this disease, hitherto avoided any remarks on the treatment, both as its principles did not appear very definitely settled, and as none of the remedies,—except perhaps opium, which is already familiarly known as such to practitioners here—seems to have enjoyed any permanent confidence. In India, laudanum combined with various stimulants appears to have been principally employed, and to have exerted in many cases a most beneficial influence. As a commencing measure, venesection has been resorted to; but the prostrating influence of the disease in its severe form, is too rapid to admit depletion of any kind. Of the various plans of treatment which have been recommended, it will be sufficient to mention vomiting with sulphate of zinc, blistering with cantharides and nitric acid, mercurial friction, inunction of the stomach with cajeput oil, the hot bath, calomel with laudanum, and the inhalation of nitrous acid gas; the last with the view of furnishing oxygen to the blood, and through this of stimulating the general system. The following powerful stimulant, under the name of Anti-Cholera Drops, was employed by a surgeon of eminence at Madras.

R. Elix. Daffy, with a large proportion of Senna, ℥ij.
Spt. Ammon. Arom. ʒijss.
Tinct. Caryophyll. ʒss.
Ol. Junip. gtt. vi.
" Menth. Pip. gtt. viij.
" Cajeput, gtt. x.
Spt. Eth. Nit. ʒiij.
Mist. Cam. ʒx. f. mist. Dose ʒi.

SOUNDS OF THE HEART.

It is a curious fact, that the nature of the most obvious indication given by the stethoscope, namely, the sounds in the chest produced by the heart, should still be so far from decided, as to form one of the most fruitful subjects of physiological discussion. Of the sounds which are heard on applying the ear to the region of the heart, the first is a dull beat, as of a body impinged against another, and this is accompanied by a sensation of impulse conveyed from the ribs to the stethoscope, and thence communicated to the ear. This is immediately succeeded by another sound, differing from the first in character, and which has been compared by Laennec to the lapping of a dog. This sound is not accompanied with perceptible impulse against the ribs. It is succeeded by a sensible interval before the first-named sound again occurs. During the second sound, it is observed that the heart appears to retreat from the ribs, and to draw itself within the chest. It is nearly agreed, also, that the pulse is synchronous with the first of the above-named sounds, and not with the second. The question then arises—To what actions of the heart are these successive sounds to be referred?

The pulse being produced by the dilatation of the vessels, it is natural to suppose that it takes place at the moment when the blood is thrown from the heart into the external system, or, in other words, that the pulse is synchronous with the contraction of the ventricle. It was to this contraction, therefore, that Laennec referred the primary sound above described, and the impulse of the organ against the parietes of the chest. This supposition, however, is attended with a material difficulty; for the contraction of the ventricle must be successive to that of the auricle, since it is by the jet of blood from the latter cavity that the former is stimulated to action. Farther, it has actually been observed in frogs, and supposed to be so in the vivisections of other animals, that this is the order of actions. If, then, the primary sound is produced by the auricle, and the secondary by the ventricle, there remain two important questions to determine—1st, how is the impulse produced, and 2dly, how comes the pulse to be simultaneous with the filling of the ventricle, instead of corresponding with its contraction and emptying?

To the first of these questions it has been answered, with some plausibility, that the impulse of the ventricle against the ribs may take place as a consequence of distension; and that at the time of the second sound, when the heart appears to retire within the chest, the ventricle may be rejecting its contents, and contracting itself into smaller dimensions. The second question does not admit of so satisfactory a solution. It has been said, indeed, that the simultaneous occurrence of the pulse with the first sound is not strictly true, and that a certain perceptible interval may be discovered between them; but this idea wants confirmation, and unless it can be shown how the contraction of the auricle may give rise to this phenomenon, the nature of the sounds alluded to must still be involved in the same obscurity.

ORAN-OUTANG.

We advise all our brethren to see this animal, which is now exhibiting in Summer Street. Even such as reside far from the city, will be amply compensated for travelling many miles to witness this wonderful production of nature. It is the first of the species ever brought to this country, and although but 20 months old, is over two feet in height, and is growing rapidly. It is a female, walks readily on the hind feet, or rather on the hind legs, and lies down to rest with the air of a child of ten or twelve years. Her countenance is generally placid and almost thoughtful, but changes with, and becomes quite expressive of her feelings; her movements are much slower than those of the monkey; her disposition is gentle, and she evinces strong attachment to those who have the care of her. Her diet is chiefly milk, rice, eggs, and fruit, but she is particularly fond of dainties. When a cup of bread, milk and berries, is given her, she will hold the cup in her left hand, and with the spoon in her right, pick out the berries one by one, and eat them with great goût. She is apparently fond of dress; puts on and takes off her hat and shawl quite *à la mode*, and when she lies down, will pull up the bed-clothes over her shoulders, place the back of her hand upon the pillow, and then rest her head upon its palm. She has none of the grimaces of the common ape, and in her whole air and aspect, bears an almost painful resemblance to the human species.

The body of this animal is of a brown color, and but partially covered with hair. The palms of the hands, the soles of the feet, and the face, are almost destitute of it; but it is probable that as winter approaches, this protection will be more abundant. There is no tail whatever, nor any mark of such an appendage; the back bone terminates precisely as in the human species. The thumb-like projection on the inside of the feet, which is peculiar to the oran-outang, is very perfect, and fixes the character of this animal. The catamenial function has not yet commenced. In apes it usually begins between two and three years of age—or at about the termination of the first quarter of the animal's natural life,—as is the case with the human species.

It will be recollected that there are two principal varieties of the oran-outang; the first and largest, called pongo, attains the height of six feet and is very powerful; the second, which has been called jocko, is less powerful, and attains but about half that size. Of this latter variety, of which is that now exhibiting in this city, there have been several carried to England and France, and described by naturalists of those countries. These descriptions all correspond accurately with each other, and apply with equal truth to the animal now here. Those carried to England and France have generally died at the beginning of winter. In our country, there is such a variety of climate, that by judicious management the animal may be easily kept alive at all seasons, and will not only instruct the naturalist, and gratify the curiosity of multitudes in every State in the Union, but bring a very rich harvest to its owner. The expense of keeping is small, and that of attending and transporting her will also be trifling.

It is said of a French Divine, that he succeeded in raising an animal of this species, which became so much attached to him that it would follow him wherever he went, unless confined in its apartment,—as it always was, of course, whenever the reverend father went to listen to the history of his people's sins, forgive them their iniquities, and teach them to avoid like practices in future. On one of these occasions, however, the animal escaped unseen, and followed its beloved guardian to the church. When there, we are told that "he mounted the sounding board over the pulpit, and lay perfectly motionless till the sermon commenced. He then crept to the edge of the board, and overlooking the preacher, imitated all his gestures in so grotesque a manner, that the congregation was unavoidably caused to laugh. The father, surprised and confounded at this ill-timed levity, reproved his audience for their inattention. The reproof failed in its effect; the congregation still laughed, and the preacher, in the warmth of his zeal, redoubled his vociferations and his actions; these the ape so exactly imitated, that the congregation could no longer restrain themselves, but burst into a loud and continued laughter. A friend of the preacher at length stepped up to him, and pointed out the cause of this improper conduct; and such was the arch demeanor of the animal, that it was with the utmost difficulty he could command his countenance and keep himself apparently serious, while he ordered the servant of the church to take the ape away."

SMALLPOX.

We understand that a case of this disease appeared at Lynn a few weeks ago, and excited considerable alarm. The individual affected was sent to Rainsford Island, but as several persons had in the mean time been exposed to the infection, it was feared that other cases might make their appearance. It appears too evident that the hope which was once entertained of banishing this pestilence from the regions of the civilized world by means of vaccination, is likely to prove altogether illusory. Not a year passes but numbers of cases occur in our own population, where the precautions taken against it are exceedingly great; and accounts of its prevalence in different parts of the country are continually reaching us. Under these circumstances, there is no duty more imperative than for the physicians in this city to be provided at all times with a good supply of vaccine matter, not only to meet the demand which may at any time arise here, but also to supply their medical brethren in the country. A plan which has been adopted for this purpose among us, has been attended with singularly good effects. It consists in a voluntary association of twelve physicians, who agree to keep themselves provided in succession, each for the space of a month, with a good supply of quills armed with the virus, as well as with the scabs, which they may be able to obtain from their vaccine patients. Of these clubs thus constituted, there are now three; and we have little doubt that another will be organized at no very distant period. Though the immediate object of this arrangement is the accommodation of the parties immediately interested, and the primary obligation of each individual is to the members of his own club, yet an application to these associations will always afford to our friends in the country the surest means of obtaining matter in times of scarcity. We will also give notice to our readers, in the interim, that should any of them have occasion to send to town on this errand, the names of those gentlemen who may be applied to with the best prospect of success, can always be obtained at our office.

HOOPING COUGH.

Could we be as much enlightened on the subject of pertussis as we have been respecting croup, how important a step should we advance in medical improvement! An ingenious paper on this disease is published in the *Revue Medicale*. It is written by M. Bland, who has the advantage, in his speculations, of direct personal experience—having passed through the disease late in life. Respecting the *theory* of the disease he says,—

> "Hooping cough has been considered by some as a catarrhal affection complicated with spasm; by others as a cough essentially spasmodic; some again have placed its seat in the stomach, spleen, &c. &c. We suffered the disease ourselves before we recognised its nature; it consists in a morbid specific secretion of bronchial mucus, saturated nearly with the muriate of soda, the irritating action of which induces the tickling which determines the fits of coughing. The first impression occasioned in us by the matter of expectoration caused considerable surprise, but on further experience its nature soon became manifest. We may then conclude that this affection

is nothing but a morbid secretion in which this salt predominates, and according to this view, all the phenomena observed may be easily explained. At first the secretion is scanty, the tickling slight, and the cough simply catarrhal; but in proportion to the increase of the secretion the irritation is augmented, and the hooping and convulsive paroxysm supervene. Why, we would ask, should not this occur from the action of this irritant salt, when we know that even the most insipid foreign substance may produce violent paroxysms of diarrhœa and coughing? If, again, we seek for analogical arguments in support of this doctrine, we know that the tears are frequently so altered in composition as almost to become corrosive: under certain circumstances, the bile acquires such acrid properties that its contact with the intestinal mucous membrane occasions the most violent colics. Again; certain cutaneous exudations cause an eruption of pustules on the skin to which they are applied."

The above views are confirmed by other statements. The expectoration is said to become less saline as the symptoms of the disease abate; and the greater abundance of the secretion at night, gives rise to the nocturnal exacerbations so common in this complaint.

In the *treatment* based on these views, and which has been tested by M. Bland at a period when pertussis prevailed extensively in his vicinity, the chief remedies on which he relies are belladonna and sulphuret of potass. As the latter article is not in very common use, his table of doses for persons of different ages may not be unacceptable. It is as follows.

Below 2 years	1-2 to i.	grain
From 2 to 5 - -	ij.	—
5 to 10 - -	iij.	—
10 to 15 - -	vi.	—
15 to 20 -	ix. to x.	—

and above.

The following cases in which this medicine was administered, will present a fair view of its apparent power over the disease.

"*First Case.*—M. Pongé, ætat. 20, admitted 18th Jan., 1831, five weeks ill of hooping cough; paroxysms violent, frequent, especially at night; expectoration strongly saline. To have one grain extract belladonna four times a day. From 18th to 29th, same remedy; no amelioration. 26th, ten grains of sulphuret of potash mixed with honey, to be taken morning and evening; sensible improvement; paroxysms less severe; sleeps well. 30th and 31st, same treatment; cough simply catarrhal; expectoration no longer saline. 2d Feb., cure complete.

"*Second Case.*—Joseph Pongé, ætat. 21, brother of the first patient, admitted 18th Jan., ill of hooping cough since the 14th of the same month; paroxysms more violent than his brother's; symptoms also of cephalic congestion determined by the violence of the cough; venesection once; belladonna as in first case; no improvement. 29th Jan., ten grains of sulphuret of potash; cough less frequent, less severe; night tranquil. 30th and 31st, same prescription; expectoration less saline. 23d Feb., complete cure."

OBSERVATIONS ON THE SOLIDIFICATION OF TURPENTINE BY CALCINED MAGNESIA.

The French Journal of Pharmacy contains some account of the Solidification of Turpentine, by M. Faure, of Bordeaux, by which it appears that the solidified copaiba which has been tried here in gonorrhœa, and, so far as our own experience goes, with no benefit whatever, contains the *essential oil* only, destitute of the resin. Both the essential oil and resin have been heretofore given separately with little benefit, and it is found that the copaiba itself, which contains both in combination, is far more powerful than either of its ingredients.

The essence of turpentine, says M. Faure, has been successfully employed for many years in different affections, remarkably so as a vermifuge, and very recently as a remedy in neuralgic diseases. Having witnessed the difficulty frequently experienced in its administration from the invincible dislike many patients conceive for its acrid and caustic flavor, I have undertaken a series of experiments, for the purpose of fixing or enveloping the turpentine, so as to destroy this unpleasant property. The successful results of these researches are as follows:—

1. Venice turpentine, and that obtained from the *terebinthina pinea*, was treated with calcined magnesia in different proportions. These mixtures became solid in the space of a few days, varying according to the quantity of magnesia employed.

2. The same turpentines were mixed with one-third of their quantity of the essential oil. These mixtures, in some instances, acquired a sufficient degree of consistence, in others became altogether solidified.

3. The solid masses were divided and boiled in alcohol, which dissolved away the turpentine, leaving the magnesia entirely unaltered in its chemical relations.

Magnesia is also capable of forming a modified combination with copaiba balsam, the resin of which it separates, acting on the volatile oil as a mechanical absorbent alone.

On these principles, M. Faure proposes formulæ for administering turpentine, its essential oil and copaiba balsam, in the pillular form. These we do not extract, because the turpentines of various countries differ remarkably in the degree of facility with which they become solidified, and it is only by experiment that the apothecary can become acquainted with the necessary proportions to be employed.

POLICE ARRANGEMENT.

A CORRESPONDENT of the London Lancet animadverts upon the evils resulting from the deficiency of urinals in that city. It is a very important defect in the police of every city where these conveniences are not provided in sufficient numbers. In Boston many persons feel the want of such accommodations. Undue suppressions of natural evacuations are not only disagreeable and painful in themselves, but lead to some agonizing, dangerous, and even fatal diseases. In most of the large cities on the continent of Europe, ample provision of this kind is made, and it becomes the councils of every metropolis, to follow so wise and salutary an example.

Besides the benefit to be thus derived to the health of individuals, no other means would so effectually secure our public buildings from defilement,—a great and crying evil among us, and one which the ingenuity of the mechanic has proved wholly inadequate to prevent. The corners of public streets, our arched ways, passages, and courts, bear no less ample testimony to the deficiency alluded to; so that the comfort as well as the health of our citizens and of those strangers who visit us from other places, would be greatly promoted by the establishment of proper retreats, in retired situations, in different sections of the city.

NEW MEDICAL WORK.

The profession is soon to be favored with a new work on the History and Treatment of Syphilitic Diseases of the Skin, by Mr. Wallace, of Dublin. Mr. W. is well known to the scientific world as author of several valuable treatises on subjects connected with cutaneous diseases, and has long been the active Surgeon of the Dublin Infirmary for Diseases of the Skin. In the forthcoming volume, the *primary* symptoms and eruptions, as well as the secondary, will be discussed, and the whole illustrated by delineations as large as life, and colored after nature.

Tympanitis of the Intestines, relieved by the Introduction of a Tube. By Dr. Touzet. (*Compte rendu de la Soc. R. Med., &c., de Toulouse*, 1829).—A man, forty-eight years of age, of a nervous temperament, after having eaten an enormous quantity of bread and raw beans, experienced very severe pain in the right hypochondriac region. These pains increased at intervals, and were accompanied by great prostration of strength and paleness of face. Leeches, hip baths, sulphate of soda, and iced water, were employed, without advantage. There was great tension of the belly, and, if the patient felt relief for a moment, it appeared to depend upon frequent eructations. Under these circumstances, and when the symptoms had reached such a degree of severity that the life of the patient appeared in danger, M. Touzet had recourse to the following expedient: he first administered an enema, and then introduced into the anus a hollow tube, about four lines in diameter, compressing, at the same time, the most distended and painful parts of the abdomen. An abundant quantity of air was thus expelled, and the patient was greatly relieved. The tube was retained in its situation by an appropriate apparatus, and compression was kept up upon the belly by a bandage and cushion: gas was thus freely evacuated. The next day, the patient was free from pain. Cordials were now administered with prudence, and a strengthening regimen restored him to perfect health.

Iodine.—The sphere of this medicine's action seems to be daily enlarging. A physician in Liverpool has found its internal use efficacious in psoriasis, herpes and lepra, and it will be seen by the following notice that it has conquered a formidable and often obstinate affection of the mucous membrane.

Employment of Tincture of Iodine in Urethritis. By M. Broglia del Persico.—From several experiments made by this physician, it appears that the tincture of iodine may be used in all forms of blenorrhagia without any unpleasant effect peculiar to the medicine, without any precaution, and that it usually induces a rapid and radical cure.

First Case.—A man, æt. 28, addicted to drinking, was affected since the 27th of October with a blenorrhagia, for which injections of various kinds had been ineffectually tried, especially the solution of caustic potassa, in the manner recommended by Fordyce, Warren, Mederer, and Girtanner. The balsam of copaiba taken internally, and used as an injection, had no better success. M. Broglia saw the patient after the blenorrhagia had lasted two months, and the inflammation and discharge had slightly abated. The tincture of iodine was now given in doses of twelve drops morning and evening, in four ounces of barley-water. In eight days the urethritis entirely ceased.

Second Case.—The wife of the patient now mentioned had been long affected with a vaginal discharge; astonished with the rapidity of her husband's cure, she made use, every morning, of eight drops of the tincture of iodine in a glass of spring water. In ten days she was entirely cured.

Seven similar cases are recorded by the same physician, and exhibit apparently equally good effects from the use of this remedy in inflammations of this kind.—*Ann. Universali.*

Medicinal Use of the Ioduret of Lead.—For the last fortnight, twelve scrofulous patients have been subjected to the action of the ioduret of lead by M. Guersent. The majority of these patients already exhibit decided improvement. We shall in due course give detailed notices of the several cases thus treated.—*Lancette Francaise.*

Phosphate of Quinine.—Dr. Harless, of Bonn, has found that the phosphate of quinine is not only more agreeable to the palate than the sulphate, but that the alkali thus neutralized by an animal acid becomes more readily digested, and is more quickly taken into the system. Experience has also shown him that the phosphate agrees better with irritable stomachs than the sulphate, nitrate, or acetate. The dose is from one to four grains.

Mr. Francis Boot, now Dr. Boot, and formerly of this city, is a highly popular teacher of Anatomy in one of the London schools. At the conclusion of his course for the past season, he was presented with several valuable works, given him by his pupils "as a testimony of their admiration of his talents as a teacher, his virtues as a man, and his kindness as a friend."

ADVERTISEMENT.

MEDICAL SCHOOL IN BOSTON.

THE MEDICAL LECTURES OF HARVARD UNIVERSITY delivered in Boston will be commenced in the Autumn, at the usual period, viz., on *the third Wednesday in October.* They will be continued four months.

This extension in the term of the Lectures has been thought necessary to afford time for such a course of instruction and demonstration, as is deemed by the Faculty to be requisite, under the advantages which have recently accrued to the School.

The Legislature of Massachusetts, with an enlightened liberality, which does honor to our age and country, have extended the protection of law to the cultivation of Anatomy within this Commonwealth. The advantages which will hence result to students resorting to this school will be sufficiently obvious. It will be the aim of the Professors to carry into effect the intentions of the Legislature, in such a manner as to evince at the same time their respect for the rights of humanity, and their interest in the promotion of the healing art.

The opportunities for practical instruction at the Massachusetts General Hospital continue undiminished.

The Courses of Lectures will be,
On Anatomy and Surgery, by Dr. WARREN.
On Chemistry, by Dr. WEBSTER.
On Materia Medica, by Dr. BIGELOW.
On Obstetrics and Medical Jurisprudence, by Dr. CHANNING.
On Theory and Practice of Physic and on Clinical Medicine, by Dr. JACKSON.

WALTER CHANNING, Dean of the Faculty of Medicine.
Boston, June 15, 1831. July 19. * 6t.

THE BOSTON MEDICAL AND SURGICAL JOURNAL
IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,
At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover. Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year. *Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, AUGUST 2, 1831. [NO. 25.

I.

CASE OF SPECTRAL ILLUSIONS, WITH OBSERVATIONS. BY ROBERT L. N. STREETEN, M.D. WORCESTER, ENG.

On the 20th of October, 1830, I was requested to see E. R., a child, eleven years of age, residing in Union Court, Cripplegate, who had become blind on the morning of that day. I was informed that she had had severe inflammation of the gums, about a week before, which was attended with considerable swelling, and some redness of the face, together with a good deal of headach, at times. Plant leaves had been applied, with the effect of relieving the inflammation and swelling, but the pain of the head increased, and she had some confusion of ideas, with slight wandering delirium. The fever, however, was said to have been trifling, and her bodily strength not affected. In the morning of the 18th, she lost the power of distinguishing colors, all objects appearing white, or black, or some intermediate shade. She continued in this state till the morning of the 20th, the day on which I saw her, when, on her awaking, it was found that she could see only portions of things placed before her eyes, and, in about two hours after, was unable to distinguish light at all: a blister had been applied to the back of the neck the night before, and was then discharging.

Upon examination of the eyes, the pupils were found free from opacity or cloudiness; they were moderately dilated, even in the full light of day, and she said she could perceive no light; but upon exposing the eye suddenly to the action of a strong light, by closing, and afterwards quickly opening the lids, the pupils immediately contracted. The retina and the humors of the eye appeared therefore to be free from disease. She complained of pain across the forehead; the pulse was rather full and of good strength, though not quick; the skin cool; the tongue white. She had had a costive evacuation since morning, which contained an ascaris lumbricoides.

Upon inquiring further into the history of the case, I received the following extraordinary account:—About seven weeks before, on the 30th of last August, she was very much alarmed by the apparition of a man at the window, dressed in what she termed a coffin dress, which apparition recurred the next day, and again after an interval of eight days. On the morning of the 13th of September, she saw most distinctly her father standing at the foot of the bed, with his arms folded across his breast. She immediately burst into tears, believing, as she said, that her father, who was absent from home in America, was dead. He then spoke to her, saying, weep not,—weep not,—and shook his head; then, shortly after, calling upon the Saviour twice, he appeared to fall backwards, and, as she expressed herself, vanished into the air. A short time previous to the appearance of her father, she fancied she heard the looking-glass struck as with a stick, and then saw it fall into pieces, and yet, as she remarked to her mother, it could not be, as the glass still remained in its situation, and entire. From this time, she became the sport of spectral illusions of various descriptions. Upon one occasion, her mother being with her, she was getting out of bed, when, suddenly drawing her foot back again, she started with horror to the other side of the bed, asserting that she had been laid hold of by the cold hand of her dead father. At another time, she exclaimed, that the room was full of spirits, though, when questioned about them, she said she neither heard nor saw anything, but that she felt conscious of their presence. During the whole of this period, though unable to suppress her terror at the illusions, she was conscious that they had no real existence, and reasoned correctly about them with her friends. Her bodily health was very bad; she suffered much from headachs, with giddiness and beating in the temples, and, as was reported by the mother, more than once expressed her apprehensions that she should lose her sight.

Her observations were generally remarkably intelligent, and she was perfectly consistent in her accounts, though her recollection of many things which had occurred, was obviously impaired.

She was ordered four leeches to the temples, and directed to take a grain of calomel, with four grains of jalap, every six hours.

On the 22d, I saw her again. The leeches had bled well, the sight returning almost immediately after. She could then distinguish colors and objects at a considerable distance, though some degree of headach was still felt at times. The bowels had been freely opened, the evacuations being very dark and green; the tongue was rather white; the pulse natural. The calomel and jalap powders were directed to be continued at intervals of eight hours.

On the 26th, the sight still remained imperfect, and she complained that there seemed to be a mist before her eyes; the pulse was natural; the bowels open, the stools still dark-colored, green, and slimy. She complained also of pain across the forehead, and her memory was, in some respects, impaired. She had totally forgotten how to read, and mistook one letter for another; not that she was unable to see, and distinguish the difference between them, but she had lost the power of connecting the proper sounds of the letters with the arbitrary character representing those sounds. Leeches were again applied to the temples, and as her mouth had become somewhat tender, the powders of calomel and jalap were omitted, and one compounded of jalap and the supertartrate of potass was ordered to be taken every morning instead.

On the 28th, she could see nearly as well as ever, and her recollection had returned. She could now read distinctly; but the abdomen felt tense, and was prominent. She complained of gnawing pains of the bowels at times, and the motions were still dark-colored and slimy.

From this time she rapidly improved, and soon recovered the perfect use of her eye-sight, together with her usual health and spirits. She experienced no return of the spectral illusions after the first application of leeches to the temples.

I was induced to trust this case chiefly to the action of purgatives, as, from the presence of a lumbricus in the stool voided on the morning of the 20th, I concluded that the amaurotic symptoms might, in a great measure at least, depend upon the irritation arising from worms in the intestinal canal; and I was subsequently induced to persevere in the practice, both by the relief afforded, and by the morbid nature of the excretions from the bowels, though no worms were afterwards observed to come from her.

The subject of the appearance of spectral illusions in certain states of disease, is one of great difficulty; and, notwithstanding the elaborate researches of Dr. Hibbert, still involved in considerable obscurity. The forms under which these illusions were presented to the mind of this child, may, perhaps, in part be accounted for. Thus, the first apparition of a man in a coffin dress, may probably have arisen from the strong impression made upon her by the funeral dress, and general appearance of a sister, who died early in the spring of last year. And afterwards, it was perhaps natural that her illusions should be connected with the recollections of an absent parent; especially as considerable uncertainty existed in the minds of his friends as to his welfare. Again, the exclamations which were heard by her as proceeding from him, were probably connected with the wishes expressed in his behalf by his wife; who, in consequence of the infidel tendency of his principles, was in great anxiety as to his spiritual state. Still, however, there remains to be accounted for, the vividness of these impressions, causing them to be mistaken, upon their first appearance at least, for actual occurrences; and that, notwithstanding reasoning powers of more than ordinary acuteness, for the age, and station of life, in which the subject of them was placed.

There is a case in one of the early volumes of Nicholson's Journal, translated from the personal narration of the author in a foreign publication, and since made more generally known by the treatises of Drs. Ferriar and Hibbert, which, in many respects, resembles the present. I allude to that of Nicolai, the Prussian Bookseller. It appears, that in consequence of great and repeated agitation of mind, occurring subsequently to the neglect of an habitual bloodletting, the apparition of a deceased person was presented to his view. This was afterwards followed, and for a length of time, by illusions of a most extraordinary description. The apparitions of persons, whether of departed friends, or of those living at a distance from him, sometimes singly, more frequently in considerable numbers, were of constant occurrence. The phantasms, however, were not always resemblances of friends, they were often entirely strange to him, and occasionally even animals presented themselves before him. After this had continued for some months he began to hear them speak. Usually, they addressed themselves to him in few words, such as those of consolation coming from the apparitions of his most intimate friends; but sometimes they appeared to carry on a conversation with one another. For a full account of the particulars of this extraordinary case, I must refer to the works before mentioned, confining the subsequent remarks to such points as more especially bear upon the case related above.

As far as appears from the narrative of Nicolai, the illusions, in both instances, were connected with a similar physical state of the cerebral organs. There was, in each, a preternatural fulness of the vessels of the head: thus, in Nicolai, the phantasms were excited by an agitating cause, following the neglect of an habitual bloodletting; while, as he afterwards states, they immediately disappeared under the use of leeches to the temples. In the case of E. R., they were obviously connected with that state of the cerebral circulation, which has been termed determination of blood to the head; evinced by the preceding headach, gradual loss of the memory, &c., terminating in the occurrence of the amaurosis; and, also, by the immediate relief arising from the local abstraction of blood, by the same means which proved successful in the case of Nicolai. Her mind had likewise been much agitated by causes of distress before alluded to.

Some curious speculations connected with the subject of apparitions, naturally arise from a consideration of the phenomena in such cases as this. A very interesting one is, the liability of the nerves of sensation to become affected with false impressions, through the medium of the brain.

When, in the obscurity of twilight, a white post, or the stump of an old tree, is taken for a spectre, it is obvious that an erroneous idea of an existing object is formed in the mind, from a defective impression made upon the sense of sight. If, however, the object be approached, a nearer view, or an examination by the sense of touch, corrects the previous impression, and tends to remove the erroneous nature of the idea which had been before excited. This is, in fact, merely and simply an example of the deceptio visûs, with which, at present, we have nothing to do. But when the illusion has its seat in the mind; when there is no primary external action in the deceived sense; it is obvious that the false impression made upon that sense, is to be accounted for altogether on different principles, and will also be regulated by different laws. To give any satisfactory explanation of the causes of illusions of this kind, is quite out of our power; but in some instances, they appear to be connected with fulness of the vessels of the brain, though as to the mode in which this vascular fulness acts in the production of phantasms, we are entirely in the dark.

It has been supposed, by some authors, that illusions of this description are usually confined to the sense of sight, and that the sense of touch is rarely liable to be affected by them. "The ideas, which have their origin in the affections of our muscular frame," observes Dr. Hibbert, "much less frequently delude us than those of vision or hearing;" and he goes on to say, that the ideas derived from an examination with the sense of touch, "often afford the very means by which we ascertain whether an apparition is true or false." In confirmation of his remarks, the authority of Shakspeare is brought forward, when Macbeth, catching at the air-drawn dagger, and finding that it eludes his grasp, exclaims—

"Art thou not, fatal vision, sensible
To feeling, as to sight? Or art thou but
A dagger of the mind?"

And again—

"Mine eyes are made the fools o' the other senses,
Or else worth all the rest."

But this is merely the high-wrought imagery of a poetical fiction, and cannot, therefore, be allowed the force of argument in a grave and philosophical discussion. It may, however, be urged, that the writings of Shakspeare are so consonant to the truth of nature, that illustrations derived from them are entitled to more than common consideration. This will, however, form no objection, when it is considered that the ideas formed of the supposed unsubstantial nature of these aerial shades, are such as to lead to the supposition that they must necessarily elude the grasp of mortal hand. Thus, Virgil, in the meeting of Æneas with the shade of Anchises, describes the spirit as eluding the attempted embrace of his son.

"Ter conatus ibi collo dare brachia circum;
Ter frustra comprensa manus effugit imago,
Par levibus ventis, volucrique simillima somno."

And again, Shakspeare makes Marcellus, speaking of the Ghost in Hamlet, exclaim—

"We do it wrong, being so majestical,
To offer it the show of violence;
For it is, as the air, invulnerable,
And our vain blows malicious mockery."

These, however, are not actual occurrences, but the opinions of Shakspeare and Virgil, and are too refined for those who are commonly the subjects of spectral appearances; and the nature of the illusion in such persons as are unacquainted with, or uninfluenced by them, will, I conceive, always partake of the circumstances under which it occurs.

The sense of touch, then, may be less frequently subjected to illusory sensations, than the senses of sight and hearing; but there is no reason to believe that it is not equally liable to be acted upon; and the sole reason why the illusion less frequently takes place, appears to be, either the original idea formed of the nature of phantasms, or the unwillingness of those who believe in apparitions, to come in close contact with the creations of their own disordered imaginations. When, however, in this last case, the contact has been supposed to take place by the subject of an apparition, the sense of touch, in the instances with which I am acquainted, has been equally the sport of illusion with the other senses.

Lord Byron seems to have felt the full force of this, when, in the siege of Corinth, he describes the apparition of Francisca standing by the side of Alp, the Renegade, and pleading with him to return to the creed of his fathers.

"Upon his hand she laid her own—
Light was the touch, but it thrill'd to the bone,
And shot a chillness to his heart,
Which fix'd him beyond the power to start.
Though slight was the grasp so mortal cold."

The case of E. R. remarkably illustrates this view of the subject, the illusions having affected the sense of touch, as well as the senses of sight and hearing. When she conceived herself to be grasped by the death-cold hand of her deceased parent, the illusion appears to have been complete. In the celebrated apparition which is reported to have occurred in the B——d family, there was the same affection of the three senses; in connection, however, with other circumstances, which, whatever explanation they may admit of, can hardly be accounted for upon Dr. Hibbert's theory of past feelings renovated.

The sense of smell, also, under appropriate circumstances, becomes the subject of illusion; witness the sulphureous odor commonly experienced, or, at least, said to be experienced, in the narrated apparitions of the inhabitants of the lower world, whether of the powers of darkness themselves, or of the spirits of those supposed to be subjected to their domination.

To extend these remarks to a greater length, would be unsuitable in this place, and foreign to the objects of the present paper. But this subject is one of great interest, and presents many points well worthy of consideration by those who have time and inclination for the pursuit.—*Midland Med. & Surg. Rep.*

II.

ON THE ACTIVE PRINCIPLE TO BE OBTAINED FROM NATIVE PLANTS.

THE following remarks, published in a valuable contemporary, point to a species of investigation which we should like to see pursued with more vigor and enterprise than it now is.

As the season is now advancing when the votaries of Flora are again about to resume their delightful pursuit, permit me once more to call the attention of your readers to the harvest of medicinal resources, which await the analytical laborer in investigating the active principle of some of our indigenous plants. Already has this active system been detected in the humulus, hyoscyamus, conium, and some other native plants; and from the few imperfect experiments I have attempted, I feel satisfied that, to the operative chemist, who shall possess the time and means for that nicety of manifestation so essential to success, a rich mine of valuable materials to the medical art, will be the reward of his labors. In this age of research, it is not too much to hope, that a greater simplicity in separating the active principle of vegetables, may render the task of analysis much more economical than it now is, and may open a wider field of discovery. The measure of success, however, must depend not a little on the choice of proper native plants. Every one's own judgment will point out those parts of a plant most likely to yield successful results, but experience will be the best guide in this selection. My examination for the present has been but very superficial, of such plants, e. g., as the pyrola minor, solidago, fumaria, bistorta, achillea, and a few others; yet, in most of these, it was obvious that a much more concentrated principle was attainable by the agency of chemistry, than we have ever yet been able to extract by the ordinary means. These, therefore, I recommend to future experimentalists. Some, indeed, are of opinion, that medicinal substances are more efficacious as they are presented to us by the hand of nature, than when administered in their isolated form, or modified by the hand of man. Yet, that this is not universally true, is shown in the instance of the sulphate of quinine, and some others; and without presuming, as some have done, that nature has, in every climate, provided appropriate remedies to diseases, it will be conceded, by every competent examiner, that a more than merited neglect has been the lot of some of our most valuable indigenous productions. Whatever the causes were which brought about this neglect, it is bootless now to explain—one of them, however, is undoubtedly to be found in the rhapsodical terms in which the older writers speak of their virtues, and we daily witness the baneful effects of overstrained eulogy in our best medicines, some of which, from this cause, have sunk as much too low in the scale of professional estimation, as they were before exalted too highly. If chemistry, too, by her brilliant discoveries, has contributed her share in producing this supersession of vegetable remedies, she is now compensating for the loss, by enabling us to extort from the vegetable kingdom, their active principles in a more minute form, and in some instances to create a new and more energetic power. Time, however, can alone enable us to pronounce more decidedly on the value of these new discoveries. Great indeed are his merits, who, from whatever country it may be obtained, shall add one more to the stock of valuable resources we already possess; but greater still is his, who shall detect and elicit, from the natural productions of his own country, some hitherto unknown power, which, while it unfolds the wonders of creative wisdom, may be made a welcome instrument of relief in the hour of sickness, and graft the welfare of the species on the triumphs of science.

III.

CASES OF MERCURIAL SALIVATION, RELIEVED BY THE MURIATIC ACID. BY ALEXANDER H. PECK, M.D., OF PORT GIBSON, MISSISSIPPI.

Communicated in a Letter to one of the Editors of the Transylvania Journal of Medicine.

Sir,—Having observed the remarks on the treatment of salivation in several of your last numbers, by different gentlemen, and with different remedies, I take the liberty of relating two cases that came under my treatment, of the malignant, dry, or concentrated form.

July 16th, 1830.—I visited a beautiful little girl, æt. 11, of the sanguineous temperament, and found her with a high grade of bilious fever, which had been present two or three days, the exacerbations attending daily. One day, without any perceptible abatement, it would continue for twelve hours; the following day it would be characterized by a type of slight remissions: a livid spot upon either cheek appeared and disappeared during this day; and thus, with all the general accompanying symptoms—rather full and quick pulse, burning skin, tongue coated with a brown fur, glossy eye and delirium—did the disease continue, in despite of a prompt and uninterrupted continuance of the febrile agents generally, for fifteen days.

29th.—I had the satisfaction to find her apparently convalescent, and free from unnatural vascular excitement: the system was calm, and without prostration.

August 1st.—I extracted the bicuspis of the left superior maxilla, which was hanging loose: it was fangless, owing to pressure above from the new tooth. Immediately, in that space occupied by the tooth, and extending to either side, a black speck was visible of about the size of one's finger-nail, which seemed the effects of a salivation, although there was no flow of saliva, nor the slightest mercurial odor in her breath.

2d.—The mercurial odor now present, the sudden extension of the gangrene, the enlargement of the cheek and face, half concealing the eye, placed the disease in its true light. The usual applications for ordinary cases of this disease were resorted to ; as strong a solution of the sulph. cupri as could be borne was applied ; cold ablutions to the head generally ; and 20 grains comp. pow. jalap ordered twice a day.

3d.—The right cheek now as much swollen as the left was yesterday; the left eye nearly concealed ; gangrene fast extending. I was told by the attendants, that night not only brought on its accustomed glooms to the sick, but a burning fever to the little patient : prescription continued as before—the cathartic operating well, about three times a day.

4th.—To-day she could not have been recognised by her nearest relatives, her whole head was so deformed by swelling, with great protrusion of the lips—complained of no local pain, but uttered a low moaning noise. A stench now attended, too disgusting and offensive to be borne : a musquito bar was requisite to prevent the swarms of flies from their depredations, and she was evidently sinking as fast as the violence of the disease could carry her, without our having made the least arrest of its progression. The treatment being found wholly inadequate, was changed; not, however, till we had witnessed, with the attending physician, a case whose passing similitude to the one above was truly striking. It was a little girl 13 miles off, the type of whose fever, and duration, had been of the very nature of the one related—of the same age and temperament ; the gangrene had also located in the same part of the mouth, and was also of the dry species. The only difference was, that her right cheek was gangrenous, whilst that now before us was confined exclusively to the left part of the mouth ; and to render the similitude in the cases still more striking, the bicuspids in both had been removed, and were found fangless. Commiserating the unhappy fate of these two little girls, we recollected curing a stubborn case of phagedena two months before, after many agents of the stimulating class had failed, with a strong solution of *muriatic acid.* It was resorted to—equal parts of rain water and of the acid being mixed. With a pair of scissors, I exsected some sloughs of the gangrene from the roof of her mouth, which presented a greyish aspect within. The solution was insinuated with a feather into the portions exposed to exsection, and between the gangrene and the jaw bone, which was partly bare. A solution of carb. sodæ was used as a counter-agent, when the acid should fall upon the healthy parts. The cathartic was continued as before : 60 grains of the compound were given during the day.

5th.—The gangrene had extended so rapidly, that now, in five days from its commencement, it covered one half the mouth posteriorly, and was bounded as follows—to wit, from just behind the left incisor to the back of the farthest molar, and from the inside of the cheek, which was now affected the size of a 25 cent piece, to the junction of the palatine and superior maxillary bones. The solution had been used some half a dozen times during the preceding day and night, causing little or no uneasiness, probably from not touching the vital portions: much larger sloughs were now removed from adjoining the alveolæ of the bone, and also from the inside of the cheek, which was now nigh perforated. The stimulating lotion continued as before. Nocturnal fever reported to be increasing in violence with the other symptoms.

6th.—The patient was enjoying a sound sleep at the time of my visit, which she had been long deprived of, nor had she experienced a moment's repose since early on the preceding day. I was told that, after our departure on yesterday morning, an inflamed surface had appeared over the gangrene in the cheek, externally, which continued through the day, but at night disappeared; that the acid had been insinuated and applied freely to the disease throughout the day and early part of the night, when it caused such excruciating and even agonizing pain, that it was discontinued: the fever was attended with considerable delirium, which kept her tossing from side to side of the bed, and, therefore, they had discontinued doing anything more, "that she might die in as little pain as possible:" her cathartic was reported to have operated well. We left her without awaking her.

7th.—On inspection, found that the progress of the gangrene, if not arrested, was retarded: her head and face appeared rather diminished. The disappearing of the inflamed circle, and the present sensitiveness of the part, gave us strong hopes. The solution was diluted and continued, the cathartic operating well.

8th.—The swelling of the right side of her face had disappeared: the now evident change in the aspect of the mouth, the healthy rising against the unhealthy portion, and the sprightly look of the little sufferer, produced sensations that are to be conceived but by him who has experienced them; her appetite was returning; the mercurial odor and her fever were retreating.

10th.—She walked across the room several times to-day, without assistance: by this time, too, her face had recovered pretty nearly its proper dimensions, and all appearances of salivation were ended. The part now presented a uniform, even, red surface: a portion of the alveola of the jaw, containing three teeth, including the one removed, was found separated from the other parts, which was removed with a pair of forceps, without the least difficulty, a week or two afterwards, and left no deformity to the contour of her face.

To-day we learned the fate of the other little girl, whom we saw accidentally on the 4th. A few days previous, the gangrene had penetrated her cheek externally, which sloughed—another day, and her chin sloughed—and on the next, she died.

Case 2d.—Sept. 27th, 1830.—I. J., son of A. J., æt. 8, of sanguineous temperament, residing on the high ground adjoining the swamp of Big Black River, was found laboring under a violent attack of congestive bilious fever, which he had had for several days. The cerebral and abdominal vessels were alike congested, attended with almost constant delirium during the exacerbation: he was blooded, nauseated, blistered, and the whole class of the ordinary febrifuge remedies resorted to; the mercurials taken had to be followed with the most drastic cathartics, croton oil, &c..

October 3d.—His system being greatly relieved of its morbid fulness and excitement, and being considerably better, a gangrenous spot was discovered inside his right cheek, which, when exsected, left a cavity large enough to bury a large-sized pea: directly against this, on the upper jaw, another gangrene, about one inch and a half in extent, was seen. Here again as much of the gangrene as could be conveniently, was removed. In respect to dryness of the mouth, this case was also similar to the former. The muriatic acid was diluted to about one-fifth acid to four parts of rain water in bulk. The application was used a day or two. On the fourth day after its commencement, we were told that not even a scar could be seen, so complete had been the relief.

Were we asked how this agent acts, we should draw our inference from the qualities of the successful remediate articles themselves, employed generally for this disease, which, in our humble opinion, give its nature and their modus operandi —to wit, *that it is one of those local forms of inflammation exhibiting a deficient action, a debility, if you please, in the vessels generally.* To discuss the different forms of inflammation, is not our province; every one is familiar with the two general grades, in common language, over and under action. The identical means most prompt and efficient for this latter order of inflammation, when applied to salivation, are attended with like success: in scalds and burns, which are also of the same kind, what is so adequate as the ol. terebinth.? Dr. Geddings tells us that salivation yields quickly to it also; and, medicated proportionally to the violence of the disease, in partial cases he has diluted it, while in others it required the entire strength of the application. Indeed, on a reference to the many supposed specifics for this affection, we find those only of use which operate in this manner: among them may be enumerated sulphur, cold, porter, astringent gargles, charcoal, rhus glabrum, fumigations of cinnabar, emetics, ol. terebinth., &c. &c. The most useful of these will be here noticed.

The operation of cold for a certain length of time, is well known to give an exhilarating tonicity, if I may so speak, to any part of the system, particularly in low grades of inflammation;—whether applied by ablutions, in ice or snow, or through the medium of cool air, the effect is identical.

Astringent gargles are the ordinary and every-day applications, and are considered to act by constringing the vessels: remediate articles, of almost every class, are changed in their effects as they are in proportion; for instance, one of the emetics may be made expectorant, diaphoretic, cathartic, emetic, or diuretic, according to the size of the dose. These mineral washes, when portioned delicately, are astringent: hence their utility in inflammation of the eye, in which they produce the most soothing sensations; but give their whole strength to the solution, as is customary in salivation, and a quick and almost lacerating pain is instantly felt.

The most conspicuous of the remainder that deserve a notice, are emetics, which we are told have given marked relief in some cases. The well-known virtues of this class, in all states of diseased or debilitated action of the system (when, however, there is not general exhaustion), in giving it a powerful tonicity, need not be advocated here. Their action through the medium of the general system, produces precisely similar effects to those more locally resorted to; hence they are a stimulant to the debilitated salivary vessels.

To conclude; — the decided, prompt, and efficient relief, afforded by the use of muriatic acid, one of the strongest of the stimuli, is but the verification of an adage, which is as applicable to medicine as politics, that the usefulness, or true test of a principle, is best established by the facility of its adaptation to extreme cases.

For an apology for dwelling upon two apparently isolated cases with such stress, we have to say, that in Warren county alone, where these occurred, five cases came to our knowledge of this dry form of gangrenous salivation, in the space of a few months, all of which proved *mortal*—a tolerable indication of its general occurrence, and its usual termination.

Why the mercurial preparation evinced this particular grade in its effects, probably might be learned on reference to the identical cases. The subjects of this form, as far as our knowledge extends, were of the sanguineous temperament; great vascular action obtained in the type of fever; they were uncommonly stubborn too; the state of excitement continued violent until its departure; the secretories were consequently above their proper secreting point: a scorching and almost vertical sun, from its uninterrupted course, had even destroyed vegetation in some places; from the departure, then, of febrile excitement, all the prerequisites for salivation, in its most marked form, prevailed. The system, after having imbibed successive portions at every succeeding dose, by the time the excitement was allayed, had its mercurial capacity overburthened; the secretories were relaxed, and rather below a healthy standard; great heat prevailed, a well-known and important auxiliary; when diseased action was therefore directed to those glands, the onus became too great, and instead of a gentle, and oftentimes desired flow of saliva, nerves, muscles, ligaments and bones were destroyed.

MEDICAL JOURNAL.

BOSTON, AUGUST 2, 1831.

LITHOTRITY.

At a late meeting of the Academy of Medicine in Paris, M. Civiale addressed a communication on the subject of the operation for which he is so justly and so generally celebrated. He observes that of 173 operations on record which had been successfully performed, 166 were practised conformably to his method, and 152 were by himself. In all the remaining instances, some untoward occurrence had, in a greater or less degree, defeated the success of the process. He concluded, therefore, that the various modifications which had been proposed, however creditable to the ingenuity of their authors, could not have been found, in practice, to possess any advantage over his own method. In speaking of the progress of the operation in Germany and Italy, he remarked that in both countries, though warmly adopted at first, it had fallen into some disrepute, in consequence of a few failures, and that there was some danger of its being finally abandoned. We observe, with pride and satisfaction, that a practitioner in our own country, Dr. Smith, of Danville, Kentucky, has performed this difficult operation with success. A very brief account of the case is given in the N. A. Journal for July, under the head of Surgical Intelligence. It appears from this, that Dr. S. has several cases under treatment, though he has completed but one. The patient in the last was a boy, only five years and seven months old. Five operations were required, each of which lasted about ten minutes. We mention no other particulars, as we intend publishing the case in our columns in the author's own words. But we regard it as no small matter of exultation, that an operation which has baffled the ingenuity of some of the first surgeons in Paris, and which is but just struggling into favor in Europe, should already have been naturalized, as it were, in our own country.

We had feared that, occupied as all our distinguished practitioners are in a constant round of very various duty, no one would be able to acquire that skill in the practice of lithotrity, which, in such men as Civiale and Leroy, has been the result of almost exclusive devotion to this single subject. We are happy to find ourself undeceived in this respect, and wait with much impatience to hear farther accounts of the success of our countrymen in the practice of this important and difficult art.

PATHOLOGY OF JAUNDICE.

The appearance of the skin and the nature of the discharges in jaundice, have given rise to the idea that an obstruction takes place in the ducts, by which the bile is prevented from passing into the duodenum. Cases of the disease are so seldom fatal, as to afford but limited opportunities of settling this point by actual examination. Seven cases, however, terminated fatally in the wards of La Charité in Paris, in 1828, 1829, and 1830, in which jaundice existed in a severe form. On examination, six of the seven were found to present no obstruction whatever of the biliary ducts. In the seventh they were impervious, being involved with the gallbladder, part of the liver, and part of the pancreas, in a cancerous mass of the size of the fist. In several of the cases, the liver is said to have appeared of a pale yellow color, and in one only to have contained an unusual quantity of bile.

LIVING SKELETON.

Whilst that miserable being, by the name of Edson, who was known here under the above title about a year since, was exhibiting himself in Paris, it appears that with the view of extending his reputation, he offered himself as an object of curiosity to the Academy, who appointed M. Larrey to examine him, and report accordingly. The distinguished academician not being able to attend to this duty, his confrère, M.

Arago, undertook it in his stead. His report was read at the meeting of the Academy, the 21st of December last. As his condition in one or two respects seems to have altered since he left here, it may perhaps be interesting to those of our readers who recollect his person, to see an abstract of M. Arago's remarks. After speaking of the general facts regarding his place of birth, early history, &c., the reporter arranges the most remarkable circumstances of his condition in the following manner:—

1. There is a reduction of the bulk of the person in all its dimensions, even the height being less than when in a healthy state.

2. The muscles, which can be perfectly well examined through the skin, appear as small, dense cords, being deprived, to a great degree, of their interstitial cellular substance.

3. The heart, which beats very feebly, is smaller than a natural size, and seems to have partaken of the general emaciation.

4. The teeth are rendered naked by the absorption of the gums, and some of the incisors are wanting. He has been affected with chronic ophthalmia, which has terminated in ulceration of the cornea, so that he is now entirely blind.

5. The excretions are regular, but small, and in proportion to the quantity of food taken. The urine is turbid.

6. The hair is thin and nearly white.

7. The senses, with the exception of the loss of sight above mentioned, remain unaffected. The mind is clear, and he gives proof of considerable capacity.

8. The reproductive powers are not impaired. He has four children, all in excellent health.

POISONED CHEESE.

We have received for analysis a piece of a cheese which was last week retailed by a grocer at the south part of the city, in small quantities, and which produced, in the numerous individuals who ate it, all the phenomena usually resulting from the introduction of this substance into the stomach. Should the nature of the poison be detected, it will be made known next week.—It is stated in the letter accompanying this piece of cheese, that it was brought to this city by the same person who sold that which similarly affected a military company a few years ago. If this be correct, the circumstance may possibly lead to a discovery of the source of the empoisonment, which is doubtless unintentional and unknown to the manufacturer.

ANOTHER NEW STYPTIC.

A Mr. Bonnafoux is said to have invented a preparation which, applied in the form of powder to incised wounds, has a wonderful efficacy in arresting hemorrhage. He asserts that in an individual in whom the brachial artery had been divided by a severe wound in the arm, the introduction of some lint covered with this substance checked the discharge from the bleeding orifice, and rendered any operation unnecessary. A profuse hemorrhage from leech-bites, which could not be otherwise restrained, was arrested in the same way. In several amputations performed on animals, the same application has proved entirely efficacious in stopping the discharge of blood from the divided arteries. He maintains that the effect of the application is unequivocal, wholly independent of pressure, and that it succeeds where the best directed pressure fails of success. He explains its modus operandi by supposing it to be astringent, and, in virtue of this property, to obliterate the orifice of the divided vessel. The composition of the substance is as yet a secret.

CHOLERA—ITS COURSE IN PERSIA AND RUSSIA—THE REPORT OF ITS APPEARANCE IN ENGLAND.

The report which found its way into some of our newspapers, that the cholera was broken out in London, is, we are happy to say on the best possible authority, altogether without foundation. It probably arose from the prevalence, in some parts of that metropolis, of a fever of a severe type, some account of which we hope to offer the reader next week.

A distinguished physician in the Russian service, has been recently engaged in investigating the details of the progress of the cholera, with a view to ascertain whether or not it is propagated by contagion. From the following and other facts, he arrives at the conclusion that it is contagious, and that its spreading so extensively in the north of Europe is altogether independent of atmospherical influence.

In the spring of 1830, says the physician above referred to, the cholera appeared at Corason, the residence of Abbas Mirza, in Persia, where several of the Russian mission died of it, and Prince Dolgonrowky, the minister, narrowly escaped after a severe attack. In July it broke out in the Russian province of Schirvan and Bacon; whence it found its way by land to Tifflis, and by sea, from the port of Bacon to Astracan. In these towns it made its appearance nearly at the same time, viz., about July 20th. No precautions were taken, and it extended rapidly throughout Georgia, always following the course of the principal roads; and in no instance did it appear in any village, or in houses, unless individuals from the infected towns visited them. A Moravian village, almost in the immediate line of road, thus entirely escaped, while the disease raged around it. Alarm having been excited at Bacon, many persons fled along the Volga, and carried the disease with them, which appeared at Jondayersk on the 22d of July; at Krasnoyar on the 25th; at Tzarilzin on the 6th of August; Donbooka and Saratoff on the 7th; at Khvalnisk on the 19th; Novogorod on the 27th; Koshoma on the 3d of September; Yaroslaff, 6th; and at Rybinsk on the 10th. In all these places, the first victims were navigators of the Volga, or others arrived from places where it already raged. A Cossack, sent to buy food at Donbooka, on the Volga, died on the 7th, after his return to Katchalinskaia, on the Don; and thence the disease rapidly spread through the Cossack villages.

The first deaths at Novitcherkask, the principal town of the Cossacks, took place on the 18th of August; and at Tagonrog, September 9th.

From Saratoff, multitudes of the inhabitants escaped again into Persia, but the disease followed them, and it was carried to Moscow by a student from Saratoff, whose servant had died on the road, and who was himself the first victim in the Russian capital. All communication was instantly cut off between the military school at Moscow and the rest of the town; not one case of cholera occurred in the establishment. In no instance was the propagation of the disease traceable to goods; it was dependent on the actual presence of individuals laboring under it. It never broke out after a quarantine of twenty-one days; and, in the great majority of cases, the attack took place within a week after exposure to the contagion.

Antiphlogistic Treatment of Cutaneous Diseases.—In a clinical lecture, Dr. Elliotson threw out some important observations on the antiphlogistic treatment of diseases of the skin. A girl was admitted "into St. Thomas's hospital" with impetigo of her arms and various parts of the body. She had headach, drowsiness, giddiness, and full pulse. She was put on very low diet, and bled from time to time (the blood being generally inflamed), while mercury was moderately exhibited. By this treatment, and this alone, the patient was soon cured of her impetigo, without any quackeries of local applications. In another case, where the eruption might be termed eczema, the same treatment was adopted, and the same results ensued. There is no doubt, as Dr. Johnson remarks, that the majority of cutaneous diseases are more than skin deep, and would oftener give way to proper medicines internally exhibited, more especially with low diet, than to the farrago of external remedies.

New Crystalline ,Substance obtained from Columbo—Columbine.—Mr. Wittstock, of Berlin, has recently succeeded in extracting the bitter principle of columbo in a crystalline form. We derive the following particulars from the *Journal de Pharmacie*, of February, 1831.—Columbo is first exhausted by means of alcohol of the sp. gr. 835. The alcohol is then distilled off till the tincture is reduced one third, or one quarter; and the remainder is allowed to rest for some days. Crystals are deposited, which are to be washed, and subsequently boiled with a little alcohol and animal charcoal. The crystals are thus obtained pure. They may also be procured in a very short time by acting on columbo with ether (.725), and abandoning the resulting liquor to spontaneous evaporation.

Columbine crystallizes in transparent quadrilateral prisms with a rhomboidal base. It is inodorous and extremely bitter, without alkaline or acid properties, soluble in thirty or forty parts of boiling alcohol, or ether, at common temperatures, yet imparting to these liquids a strongly bitter taste. It is also soluble in the volatile oils, and in caustic alkaline solutions, from which it is precipitated by the acids. The best solvent of this new principle is acetic acid (1.040), which takes up about as much as boiling alcohol. Sulphuric acid colors it, at first orange yellow, then deep red; and water separates it from the solution of a light rusty color. Exposed to heat, it melts like wax, and at a higher temperature is decomposed, without yielding ammonia. Its solution in alcohol and acetic acid is not affected by tincture of galls, by nitrate of silver, acetate of lead, nor other metallic salts.

The bitter principle of columbo discovered by M. Planche, in 1811, appears to be columbine mixed with a little coloring matter. M. Planche did not procure it in a crystalline form.

New Mode of reducing Phosphorus to Powder.—M. Casasecca proposes to substitute for distilled water, alcohol at 36, with which the phosphorus should be agitated in a stopped phial. The phosphorus is thus quickly divided into an extremely fine powder of a crystalline appearance.—*Observatore Medico.*

Poisonous Secretion from the Body of a Horse.—A horse in the town of Benton, in this county, was discovered to be ailing by his owner, and considerably bloated. Incisions were made through the skin in different parts of the body, from which proceeded a kind of liquid matter resembling honey. The appearance was not so singular as its poisonous qualities. We learn that those attending him, not apprehending danger, were less cautious about diffusing it upon the hands and arms.—Wherever it touched, it produced a most surprising effect. The skin first blistered, and then seemed to yield to the poison by breaking away, and presented the flesh in a cankered state. They were alarmed, and immediately called medical aid, which, we are happy to learn, was so successful as to stop its ravages. The horse still lives.—*Penn. Yan. Gaz.*

Sovereign Remedies.—A writer in the Traveller gives an account of his being cured of St. Vitus's Dance by a decoction of the bark of the wild black cherry tree, "with spirit enough to keep it from moulding," which he drank at the suggestion of a friend. He then concludes that the bark of the wild black cherry tree is a "*sovereign remedy*" against that disease. The facility with which this captivating title is acquired in our days, shows how little confidence we should place in those remedies on which it is conferred.

Whole number of deaths in Boston the fortnight ending July 23d, 39. Males, 24—Females, 13. Stillborn, 2.

Of consumption, 5—fits, 2—suicide, 2—liver complaint, 1—dropsy on brain, 1—mortification in bowels, 1—dropsy, 1—unknown, 1—apoplexy, 2—bursting bloodvessel, 1—scarlet fever, 2—drowned, 1—delirium tremens, 1—sudden, 1—intemperance, 3—childbed, 1—lung fever, 1—infantile, 1—wounds, 1—inflammation in bowels, 1—nervous affection, 1—diarrhœa, 1—ulcers, 1—old age, 1.

ADVERTISEMENT.

MEDICAL SCHOOL IN BOSTON.

THE MEDICAL LECTURES OF HARVARD UNIVERSITY delivered in Boston will be commenced in the Autumn, at the usual period, viz., on *the third Wednesday in October.* They will be continued four months.

This extension in the term of the Lectures has been thought necessary to afford time for such a course of instruction and demonstration, as is deemed by the Faculty to be requisite, under the advantages which have recently accrued to the School.

The Legislature of Massachusetts, with an enlightened liberality, which does honor to our age and country, have extended the protection of law to the cultivation of Anatomy within this Commonwealth. The advantages which will hence result to students resorting to this school will be sufficiently obvious. It will be the aim of the Professors to carry into effect the intentions of the Legislature, in such a manner as to evince at the same time their respect for the rights of humanity, and their interest in the promotion of the healing art.

The opportunities for practical instruction at the Massachusetts General Hospital continue undiminished.

The Courses of Lectures will be,
On Anatomy and Surgery, by Dr. WARREN.
On Chemistry, by Dr. WEBSTER.
On Materia Medica, by Dr. BIGELOW.
On Obstetrics and Medical Jurisprudence, by Dr. CHANNING.
On Theory and Practice of Physic and on Clinical Medicine, by Dr. JACKSON.

WALTER CHANNING, Dean of the Faculty of Medicine.
Boston, June 15, 1831. July 19. * 6t.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover. Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year. *Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. IV.] TUESDAY, AUGUST 9, 1831. [NO. 26.

I.

OBSERVATIONS ON THE NATURE AND TREATMENT OF THE PLAGUE. BY T. MILLINGEN, ESQ., SURGEON TO THE GREEK ARMY.

THE symptoms of the plague are so well known to medical men, from the perusal of the descriptions of this distemper published at different epochs by the physicians who have witnessed its ravages, that, unable to add a single feature to their accurate delineations, I should misspend time in undertaking a task already so well executed. The history of the Messenian epidemy, and the treatment found in it most successful, are the only subjects that will, in the following lines, be submitted to the reader's consideration.

An Algerine man-of-war, on board of which the plague had been raging for some time, entered, on the 17th of June, 1825, into the harbor of Modon, and anchored close to the town. Several of the crew came on shore shortly after, and gave the linen of the ship, in order to get washed, to three different Modoniot families. A female belonging to one of these, was, during the night of the 18th, suddenly taken ill, and two days after expired, having on several parts of the body pestilential eruptions. Almost simultaneously, several members of the same, as well as of the other two families, were attacked with like symptoms, and shared the same melancholy fate. From this source the contagion irradiated itself in every direction, with a rapidity so alarming, that within the space of three weeks there existed not within the walls of the town a single family that had not contracted the infection, with the exception of those few that had sense enough to lay by their Mahomedan ideas of predestination, and observe within their houses an exact quarantine. The disorder extended, also, its dire influence to the camp. Its effects on the Arabs were, however, comparatively speaking, much less severe than on the indigenous population and negroes. Many of them appeared, as it were, proof against contagion, while few among the Moriots, and none among the men of color, approached it with impunity. Such was the violence of the distemper after the fourth week, that the mortality amounted for some time to forty, and even to fifty a day; a proportion which will appear considerable, when it is remembered that the indigenous population (Greek slaves and prisoners included) then existing at Modon, did not much exceed 7000. The disorder, after some time, insensibly began to abate; towards the beginning of September, the number of recoveries was already considerable, and the majority of patients attacked in the latter end of the month, after a trifling indisposition, rapidly got well. During the month of October, the complaint insensibly disappeared. Why contagion no longer arose now, either from the bodies of those who had buboes and carbuncles in a state of suppuration, or from the clothes impregnated with the seeds of the complaint, it were vain to attempt explaining, ignorant as we are of the causes which favor its first development, and influence the numerous capricious variations to which it is liable. How shall we account for the fact of the contagion remaining without effect at Nisi of Calamata, as well as at Coron, although communications with the seat of disorder were never interrupted? Several individuals who arrived from Modon died of the plague in the camp, established in the former spot; yet, except in a single instance, the disorder did not propagate itself to any one. The individual alluded to was a young lad in the service of the Hasnader Bey; he died in less than twenty-four hours. Upon inspecting the body, I observed a small bubo in his right groin. I was at one time inclined to think, that the marshy miasmata existing in the atmosphere of Nisi, to such a degree that more than two-thirds of the soldiers were laboring, at that moment, under intermittent fevers of a highly pernicious nature, were, by neutralizing the contagion, the cause of the camp remaining exempt from its baneful effects. Yet so many instances came afterwards to my notice, of contagion being imported to places enjoying the most salubrious air, and there spontaneously disappearing, that I abandoned that idea as unfounded, and adopted the conclusion—that the plague, though an eminently contagious disorder, is not invariably but conditionally such.

The garrison of Navarino was not so fortunate as those of the above-mentioned places. Some soldiers belonging to it, conveyed from Modon the contagion within that town. The disorder proved here much milder than at Modon, yet it continued to exist after it had totally ceased in the latter place; even in January, ten or twelve persons died of it. At the very moment every one fondly hoped the epidemy was on the eve of vanishing, information came of its having made its terrific appearance at Coron. According to the opinion of most of the inhabitants, an old fur and clothes, purchased by a Coroniot in the bazaar of Modon, were the means of introducing the distemper within their walls. How far this supposition was founded in fact, it is impossible to determine; but certain it is, that the individual in whose possession they were, was the first who died of the plague.—Within a few days, his wife, children, and servant, shared the same fate. The Coroniot epidemy exhibited a character of the greatest malignancy. Many of those attacked died in the space of a few hours, having, in general, no pestilential eruption on the body, but at times having the surface covered with livid vibices and petechiæ. During the epidemy, buboes and carbuncles appeared but rarely.

Modon and the camp enjoyed, as long as the plague was raging at Coron, the most enviable state of health. It was not before the latter end of June that they became again acquainted with this awful disorder. Among the first attacked, were three friends of mine, Dr. Mino, Dr. Gavotti, and Mr. Trona. The first fell ill a few hours after having felt, without being aware of the nature of his complaint, the pulse of a soldier. The second died twenty-four hours after examining a carbuncle situated on a man's leg, mistaking it for an ill-conditioned sore. Trona caught the complaint in consequence of his generously persisting in attending, to the last moment, his friend Dr. G., though fully aware of the danger to which he thus exposed his own days. As far as the prejudices and ignorance of the Turks would permit it, sanitary measures were immediately taken. The hospital, where upwards of fifteen hundred sick and wounded are lying at this moment—thanks to the strict observance of the instructions given—remained free from the disorder. Two lazarets were established; the one for the reception of those from the camp, and the other for the town's-people. To prevent communication between the contaminated and the exterior, a cordon was placed around each lazaret. But so remiss were the Arab sentinels in the performance of their duty, that but little good could arise from these establishments. Wishing to ascertain how far the orders given were executed, I went one evening to one of the posts, where, finding no one, I advanced close to the lazaret tents, under which I saw the greater portion of the cordon *sanitaire*, some amusing themselves with their convalescent comrades, and others dancing the Arab fandango for their recreation. I plainly saw from that moment that, following the predominant fashion, I was to abandon the events to the *Allah-kerim*. The negligence of the harem gate-keeper, caused the contagion to introduce itself among Ibrahim's women. In one word, the disorder raged uncontrolled in every quarter. It ceased spontaneously in October, after having destroyed upwards of six thousand inhabitants.

As far as my own experience, and the result of constant inquiries in Peloponnesus, and during a residence of several years in the Levant, allow me to pronounce on the subject, coming into close contact with pestiferated patients, or with objects that have either been touched or worn by them, is the only mode through which the contagion of the plague propagates itself. It differs essentially, in this point, from those epidemic disorders which are taken into the system, by inhaling the effluvia contaminating the atmosphere of a certain town or district, as well as from those, the contagious influence of which is active only for a very short distance around the patient. Although, during several months, in the habit of daily visiting numerous patients laboring under the disorder in question, and not only of breathing the air of unventilated rooms where several were lying, but also of approaching my face close to their persons, in order to judge of the state of the circulation by observing the pulsations of the carotids, and the nature of the respiration, as well as to examine the tongue, &c., yet I escaped the contagion. I attribute this entirely to the precaution I invariably took of never touching a patient, nor any object in their apartments; and every medical man in the army obliged to wait upon the sick, succeeded equally in preserving his health, by observing the same rules. In no one instance did any person become attacked with the complaint, without his being able to acknowledge, as cause of the accident, his having touched the clothes or body of a patient laboring under the disease. So intimately convinced was I at last of the above-stated fact, as to put it to the test of experiment, by practising venesection on a young woman of Ibrahim's harem, a few hours after the appearance of the symptoms of the plague. After causing the ligature to be applied by one of her attendants, I opened the vein, after taking the precaution of anointing my hands with oil, and applying wet leaves of tobacco around the forearm. No conclusion, I am aware, can be drawn from a single fact, it being possible, moreover, that I am one of the happy few endowed with the power of resisting the action of contagion ; yet, when this and the above-mentioned facts are taken into consideration, the opinion I have stated will, I trust, be considered as not altogether without some weight. May future experiments demonstrate its truth. Then, instead of imitating the pusillanimous conduct of the generality of medical men during pestilential epidemics, shall future practitioners listen to the cries of suffering humanity, and perform their duties without exposing their own safety.

There existing no specific means of neutralizing the pestilential poison when once introduced by absorption into the economy, moderating in time the violence of its effects is the sole object the physician can undertake to accomplish. Amidst the formidable symptoms its energy gives rise to, the most predominant are those denoting the sufferings of the brain and appendages, as well as of the stomach. Analogy points out that they are, in almost every respect, similar to those arising from inflammation of these organs carried to the highest pitch ; so that the disorder may be termed an encephalo-gastritis, connected in general with an affection of the lymphatic system. Pathological researches amply confirm this idea. To the inflammatory stage, the duration of which seldom exceeds twenty-four hours, succeeds one composed of symptoms that are but the expression of the degree of injury inflammation has operated on these important organs. Should it have been slight, recovery follows ; otherwise, the fatal termination is inevitable. This we observed in the numerous patients who refused medical aid, and entirely abandoned themselves to nature's care. It arises from these considerations, that the speedy and energetical employment of means capable of subduing the inflammatory symptoms offers the only chance of saving the patient, by putting a stop to the work of disorganization. The second stage once fairly established, the patient's fate is already irrevocably pronounced favorably or unfavorably. In the former case, the interference of art is almost superfluous ; in the latter, of no avail.

Convinced how very limited the time is during which the antiphlogistic means can be of service, I invariably declined undertaking the treatment of those who applied for my assistance after the lapse of twenty-four hours ; and to this circumstance I in a great measure attribute the success of my practice. The following is a brief outline of the treatment I employed :—The congestive stage being generally gone by when I saw the patient, I ordered venesection *ad deliquium*, and half an hour after the operation, the application of forty leeches to the temples, and of an equal number to the epigastric region. The alleviation of the cephalic and gastric symptoms, which invariably followed, continued in general but a few hours. On the exacerbation supervening, phlebotomy was practised without delay, and, if necessary, repeated for the third time on the same day. On the following, leeches were applied again in the neighborhood of the above-mentioned organs, in numbers proportioned to the urgency of the symptoms, and the same means again and again resorted to, until every spark of inflammation became extinct. About this time, blisters to the nape of the neck, and over the epigastric region, were found peculiarly advantageous. As long as pain continued to exist in the head, cold applications were constantly employed. Sponging the surface of the body with water and vinegar afforded much relief to the patient's feelings.

During the first days of the complaint, the only medicine I exhibited was the aqua Lauri cerasi. Given in doses of ten drops every hour, it is perhaps one of the best sedatives we possess in febrile disorders attended with much nervous irritation. Refrigerant drinks were liberally allowed to every patient.

The results of this simple treatment were in general most gratifying. The disorder appeared to be disarmed by it of its malignancy, and to have been metamorphosed into a malady of common occurrence. Successful as my practice was, it would, I doubt not, have been yet more so, had not my endeavors been counteracted by the ignorance and sloth of the patients' attendants, and at first by the deep-rooted prejudice they entertained against bloodletting. This arose in consequence of their having seen it employed in numerous cases which nevertheless proved fatal. It is strange that many physicians should have adopted the same conclusion, without reflecting that in every complaint in which phlebotomy is the only means of salvation, its success depends entirely upon its being sufficiently early and energetically resorted to. Shall we say that phlebotomy is fatal in phrenitis, peritonitis, and other disorders of this class, because hundreds die of these complaints in consequence of timid or negligent practitioners having performed the operation too late and too sparingly? How often also is every advantage obtained by venesection destroyed by the empirical administration of remedies, whose action is diametrically opposite to the end proposed? How many practitioners light with one hand the fire they seek to extinguish with the other! Emetics and purgatives were, on this account, never administered to my patients, persuaded their irritation could not but awaken anew the gastric symptoms, which the employment of the antiphlogistic means had just allayed. I had repeated occasions to witness the evils they gave rise to. Indeed, it were difficult for a physiological physician to imagine what good results those who give them can suppose will arise from their effects, more especially as we see that vomiting, which generally exists at the beginning of the complaint, far from relieving the patient, proves one of the most harassing and obstinate symptoms, and that diarrhœa is an invariably fatal sign. When inflammation has been entirely subdued, sufficient alvine evacuations may be procured by oily emulsions and emollient clysters.

What has been said relating to purgatives, is yet more applicable to the administration of tonics and narcotics. Ether, camphor, opium, valerian, bark, musk, &c., were, during the epidemy, freely ordered by some of the Italians in the service. It is almost superfluous to say they were in every instance highly injurious. Diaphoretics have been recommended by many systematic writers, and more especially by Sydenham. In the more dangerous forms of the plague, their administration during the inflammatory period will remain without effect; and when this has been properly combated, a spontaneous perspiration generally appears, which relieves the patient much more than if it had been forced by art. No practitioner, aware how precious the first hours of this complaint are, will trifle them away in watching the operation of a remedy which, were it even to have its full effect, could produce but an alleviation, slight, indeed, when compared to that which proper antiphlogistic measures will assuredly obtain in the generality of cases.

Linseed poultices, rendered stimulant by the addition of mustard, were the applications I usually made to buboes. Their suppuration is as desirable as their retrocession is, generally speaking, inauspicious. Among the various applications made to carbuncles, the fermenting poultice is, perhaps, the most advantageous.

Such are the outlines of the treatment which, in this terrible disorder, appears to offer the only chance of saving the patient. I found it to fail only in those cases in which the brain had received a deep and violent irritation, which at once, as it were, paralysed its powers of reaction, and threw it into a condition which baffled alike all the assistance of medical art.—*Lond. Med. Gaz.*

II.

SYMPTOMS OF INFLAMMATION OF THE BLADDER, ARISING FROM DENTITION.

The following interesting case, published in the Gazette of Practical Medicine, will illustrate the benefit of the practice of cutting the gums of teething children;—a practice which is universal, we believe, in this city, but not so in other places. The author of the paper is Dr. Gaitskell, of Rotherhithe.

The subject of this distressing disease was a little boy, about two years of age, who wanted five teeth to complete his set, three grinders (molares), and two canine (cuspidati). The first symptom of which the child complained, was pain in the bladder on making water, accompanied with considerable tenesmus and a smart fever, which very much disturbed him, particularly during the night. The medical gentleman who first attended him attributing his sufferings to a stone in the bladder, recommended palliative remedies, till the real cause could be clearly ascertained. The gentleman, on passing a sound into the bladder, thought he discovered a stone; but the examination not being perfectly satisfactory to him, he requested me to examine the bladder, which I did with a small catheter; and after drawing off about two tablespoonfuls of urine, mixed with mucus, I was not able to discover the presence of a calculus: we therefore agreed to call in Mr. Callaway, who, after a careful examination, declared he could not find a stone, and of course all idea of an operation was abandoned. The medical treatment proposed, was an anodyne clyster at bed-time, a draught of the liquor of potass with mucilage three times a day, and the warm bath occasionally, with mucilaginous drinks, and a milk diet ; also a dose of castor oil occasionally, to open the bowels. This plan was pursued for a fortnight, with only a slight alleviation of the child's suffering. The parents becoming tired of teazing the child with medicines, resolved on discontinuing them and going into the country ; but it was thought right to continue the warm bath and the anodyne injection, which procured the child rest at night. The inflammation at times ran so high that the urine exhibited a purulent appearance, and had a strong ammoniacal smell. In consequence of reading Hunter on the teeth, who relates some remarkable sympathies from dentition, which I have often seen verified, I asked permission to lance the gums ; to which, after some hesitation, the parents consented. I divided them freely by crucial incisions, which bled copiously, the gums being highly inflamed. This gave instant relief, the complaint speedily ceased, and in a few days he made more water, quite healthy and without pain. Thus were terminated these tragic symptoms by a simple operation, performed on a part remote from the seat of the malady, and which was evidently sympathetic.

I have for many years been convinced of the necessity of lancing the gums of children in a variety of diseases occurring during tedious or difficult dentition, and have practised it ever since I left Edinburgh, in 1784. I have often been much surprised at the reluctance of many practitioners of the present day to do it. I have seen many children die evidently from the neglect of it, and some from the operation (though simple and safe) having been improperly performed. I hope as general practitioners become more enlightened, they will endeavor to prevail on mothers to give up their prejudices, and allow the medical attendant to do his duty. Dr. Munro (secundus) and the late Dr. Hamilton (the obstetrician), both recommend it strongly to their pupils ; but what is more convincing, are the numerous strong facts in favor of the operation by that great man, John Hunter. There is not a fact in his admirable Treatise on Teething that I have not seen fully confirmed in my own practice. I remember a wine-merchant in Tower Street, who had lost four children in convulsive fits, in consequence of the reluctance of his medical man to lance the gums, not thinking the operation necessary. The other children, five in number, were brought to me, and by freely lancing their gums I saved their lives. When the gums are lanced, it should be done freely, and, if the grinders are advancing, by crucial incisions. The local bleeding, no doubt, proves very beneficial, as well as the division of the irritated membrane. There is not a writer, of any celebrity, on the diseases of children, who does not recommend the gums to be lanced. I shall conclude this communication with a few extracts from the celebrated Hunter on this interesting subject.

Of Cutting the Gums.—" As far as my experience has taught me, to cut the gums down to the teeth appears to be the only cure. It acts by taking off the tension upon the gums arising from the growth of the tooth, or by preventing ulceration. It often happens, particularly when the operation is performed early in the disease, that the gums will reunite over the teeth, in which case the cause will be reproduced, and must be removed by the same method. I have performed the operation ten times upon the same tooth, and every time with the absolute removal of the symptoms. The operation should not be done with a fine-pointed instrument, because most probably the point will be broken off against the tooth, which will make the instrument unfit for going on further, if more incisions are required. A common lancet, with its point rounded, is a very good instrument; something like a fleam would be a most convenient shape."

[The author then relates the following histories.]

Case 1.—A young child was attacked with contractions of the musculi flexores of the fingers and also of the toes. These contractions were so considerable as to keep the fingers and thumb constantly clenched, and so irregular as to appear distorted; all the antispasmodic medicines were given for several months, but without success. I scarified the gums down to the teeth, and in less than half an hour all the contractions ceased. This, however, only gave relief for a time. The gums healed, the teeth continued to grow, and filled up the new place acquired by the scarification. The same symptoms appearing a second time, the former operation was repeated successfully.

Case 2.—A boy, about two years of age, was seized with pain on making water, and voided matter from the urethra. I suspected this child might probably be affected by the venereal disease, and suspicions naturally fell on the nurse. These complaints advanced and abated according to the degree of inflammation of the gums; and on the gums and system becoming quiet, they entirely ceased.

III.

OBSERVATIONS ON A FEVER PREVALENT IN THE SPRING OF THE PRESENT YEAR. BY DR. ROUPELL.

Reference was made last week to the fever which had recently prevailed in some parts of London. The most clear description of this disease, which differs as much as does the plague from cholera, is contained in a paper read before the London College of Physicians by Dr. Roupell, for an account of which we are indebted to the Medical Gazette.

The author being physician to the Floating Hospital, moored off Greenwich, has had ample opportunities of observing this complaint, and the seamen whom he has had to treat seem to have been particularly obnoxious to it, predisposed, by their thoughtless improvident character leaving them subject to many privations, and by the unwholesome state of the neighborhood of Greenwich—notwithstanding the Institutions established in various parts of that eastern suburb of our city. There is in general a pretty good supply of fever (of no very peculiar character, however), in the quarter in question; but during the present spring the number of cases, as well as the special features of the disease, claimed particular notice. A principal symptom in those attacked, was sudden prostration of strength, so decided and severe that even the stoutest, in twenty-four hours, would be unable to stand without support, or turn unaided in his bed. The countenance was generally dusky, in those presenting themselves for admission, but sometimes flushed and sometimes pale. More marked peculiarities were presently observed: a brilliancy of the eye, in which there was often a strange wildness, a fixedness and intensity of gaze, strongly contrasted with the other signs of debility. The intellectual functions were affected. On questioning the patients about their sensations, some denied that they were at all ill, while others were immoderately depressed, bursting into tears, and declaring their conviction that they should surely die. Some, when questioned, maintained for a time an obstinate silence, and then gave an incoherent answer in a loud voice and a maniacal manner. Their disordered feelings were variously described: torrents in the ears; flashes of light before the eyes; fire on the brain; thoughts rushing; images passing in rapid succession. The most intimate acquaintances were not recognised; memory in some (though without loss of consciousness) so completely gone, that no history of the complaint could be obtained; many doubted their identity, and one *thought he had died.* The pupil was dilated; the conjunctiva, in most cases, of a rose-red hue; the tongue broadly and thickly coated with a dirty-brown fur; the thirst was intense; the stomach bore food, though no appetite was felt; vomiting was rare; hiccough frequent. The bowels were usually constipated, but when open the evacuations passed involuntarily; and the urine frequently was detained in the bladder from paralysis of its muscles. The pulse very weak and infrequent—often intermitting. While the pulse was being felt, the flexor muscles of the hand were noticed to twitch considerably. The muscles of the mouth, too, especially after speaking, exhibited the same appearance of twitching. The heat of skin generally was not above the common standard; that of the forehead, however, was increased. A rash was perceptible in general over the lower extremities, resembling strongly the eruption in measles, but not presenting the crescent-like aspect, and occurring in elderly persons, and those who had already had rubeola. Some had true petechiæ. The pains which seemed to be most distressing, were those of the limbs and the back of the neck; headach not so severe.

The general progress of the complaint was this:—Languor; pain in the head and limbs; horripilation, with chilliness; depressed pulse; despondency; watching, with confusion of ideas lasting many days. The next stage was marked by more active cerebral disturbance, by inflammation of the lungs, and the appearance of rash, or petechiæ; with little reaction of the heart and arteries. The third stage, by partial paralysis; coma; subsultus; dry tongue; thick sordes on the teeth; copious discharges of blood from the bowels; fixedness of jaw; cold extremities; death.

Of the successful cases, the majority terminated between the eighteenth and twenty-fourth days of the disease, which seemed to be the critical periods, as death, in the unsuccessful cases, generally occurred on the same days, though the seventh and fourteenth were fatal in one or two instances. Perspiration, when it did occur in the course of the complaint, seemed to give no relief.

Convalescence was slow; giddiness, deafness, and debility, remaining after the other symptoms had declined. The parotid glands, too (or the neighboring tissues), in five patients, swelled and discharged pus; the inguinal glands in one, and the axillary in another. One man lost part of the greater number of his toes; how much of the foot will remain to another, is yet to be decided; in both, heat and redness, with acute pain, speedily gave way to mortification.

The strong tendency to hemorrhage during the complaint was remarkable: it occurred spontaneously from the nose and bowels, in some cases, and the leeches were observed to bleed copiously.

With respect to treatment: those were bled from the arm, or cupped, or leeched, in whom the cerebral symptoms were most urgent, who had most strength, and in whom the conjunctiva was diffused. Those with sore throat, weak pulse, and slight head affection, took subcarb. ammon. in camphor mixture or bitter infusion, or in the form of effervescing saline draught. Sulphuric ether, with dilute spirit of Mindererus, was given to those who, with weak pulse and cold skin, had an excited nervous system; blisters, at the same time, were applied between the shoulders and nape of the neck, and opiates were exhibited at night. Cooling acid drinks were allowed.

Bleeding with leeches was found to be the most beneficial mode of depletion; general bleeding was in general ill borne.

The benefit of mercury was very doubtful, as the mouth, in some, became sore without any abatement of the symptoms, whilst many and severe cases did well under its free and continued use. Emetics, in the very early stage of the complaint, had a marked good effect, but at later periods were perfectly useless. In the way of purgatives, the powder recommended by Rush—ten grains of calomel and fifteen of jalap—was most suited to Dr. Roupell's patients.

The total number of fever cases admitted from the 1st of January to the 18th of April, was 119. Of these, the number in whom the disease assumed the peculiar type just described, was 75; of whom twelve died; but Dr. Roupell calculates, upon a nicer scrutiny, that the mortality was but 5 out of 68.

The appearances on dissection confirmed the opinions which could not but be formed with regard to the inflammation of the membranes of the brain: turgescence of vessels; great vascularity; effusion of serum; and deposition of solid lymph, varying from a quantity only sufficient to render the arachnoid opaque, to the thickness of a line. The effusion of lymph was, in all cases but one, between the arachnoid and pia mater, to which, in the excepted case, it was external.

It would be difficult to procure more positive contradiction to the theory of Broussais than these cases afforded. The mucous membranes of the bowels not only bore no marks whatever of inflammation, but there were no enlarged glands—no discoloration—no softening—no thickness—nor ulceration of any sort. On the other hand, to those who stop short and see only one disease, local inflammation, and calling fever "meningitis," insist upon the only cure being free depletion—to those Dr. R. replies, that he was himself at first misled by the theory, but upon practising in accordance with it, and opening the temporal artery in a case or two which seemed to require such a step, temporary benefit was certainly derived, but sudden phrenzy, and rapid sinking, in these instances, soon satisfied him that he had more to treat than simple inflammation.

The blood was of a loose texture—often did not cup or buff. The pulse never rose during or after bleeding.

Peculiarities such as those described—particularly taking into account the rash, and the history of the complaint—clearly convince Dr. Roupell of its specific nature, and that it is well worthy of more ample discussion.

MEDICAL JOURNAL.

BOSTON, AUGUST 9, 1831.

FORMER PREVALENCE OF CHOLERA.

It is somewhat remarkable that the same disease which now commits such dreadful ravages in the armies of the north, should be but a second visitation of a malady which devastated the ranks of the army in Hungary during the 17th century. In Solvandez's History of Poland, may be found a letter from John Sobieski, King of Poland, to his wife. This letter was written shortly after the battle of Vienna, is dated Sept. 28, 1683, and contains the following sentences :—

"——— The half of our army is sick, and of a complaint as contagious as the plague itself: they call it the Hungarian fever. It is attended with looseness and discharge of blood; after which come vomiting, fainting, and delirium. Almost all our nobles and officers are quartered at Presbourg: many of them are already dead: and what seems extraordinary, the disease has reappeared in some who had previously passed through it. God in his goodness will perhaps assuage our miseries: if they continue, there will need no other enemy to destroy us."

And again :—" It is so strange a scourge, that just after seeing a man going about, and full of activity, you hear that he is already insensible and beyond hope. We have remarked that intoxication was a means of safety."

The above is sufficiently descriptive of the disease to establish its probable analogy to that which is now prevailing in Europe, and which excites scarcely less attention or alarm in England, and Russia, and Poland, than the political troubles in which the inhabitants of those countries are so deeply involved. Both the symptoms and rapidly fatal effects of the disease are the same now as then. According to the report of Professor Lichtenstein, of St. Petersburgh (some account of which we have already given), it frequently terminates life in three hours, and the proportion of deaths is about one in three. During summer, the mortality has been much greater than in the colder months.

Respecting means of prevention, we have remarked that an English writer, who appears to have given much attention to the subject, states that brandy and laudanum have been found the most effectual. This fact is noticed here more particularly from its coincidence with that referred to in the closing sentence of our extract from the letter of Sobieski. In both cases, it is evident there must be some error. The experience of all ages has shown that the only way to avoid such diseases, is to preserve the resisting powers of the system in their greatest possible vigor:—by good diet, regular exercise, temperance in all things, a cheerful temper, and undaunted spirit, to preserve the physical strength unimpaired. On the other hand, there is no surer way of surrendering the body a victim to a contagious disease, than to be calculating the chances and searching after the reputed means of escaping it, to brood upon its terrors, or watch its approach with anxious and incessant solicitude. To attempt to drown these fears by stimulants or narcotics of any kind, to weaken the system by starvation, or derange it by repletion, are equally subversive of the hopes they are designed to brighten.

With respect to the necessity of quarantine regulations, and the possibility of excluding the disease by such measures, we have much yet to learn before forming a settled opinion. So far as facts have been developed, it appears that the disease is not communicated by goods, but that the persons of the sick alone can convey it from place to place. It also appears that the disease has never broken out in an individual at a more protracted period than twenty days after exposure to the contagion. If, then, a vessel coming to us from a port in which this disease exists, has been out *more than three weeks*, there seems little necessity for a quarantine; but any vessel from such a port in *less* than three weeks, ought, it would appear, to be kept off, till it might be ascertained that no person on board had imbibed the seeds of the disease.

These conclusions will follow, if the two premises from which they are drawn prove to be correct. They are derived at present from the best authorities we have on this subject; but it is by no means certain that future events may not show that they are but a broken reed. We would therefore have it understood that we put forth these sentiments not as opinions well established, and on which police regulations may be safely grounded, but as the *probable* state of the case, the truth of which must be tested by facts yet to be made known.

APPLICATION OF ANATOMY TO MEDICINE.

It is said that when Sir Hans Sloane, on his arrival in London, called on Sydenham, to whom he was highly recommended for his knowledge of botany, and his skill in anatomy—"Nonsense, Sir," said the Doctor, after reading the letter, "I know an old woman in Covent Garden that understands botany better; and as for anatomy, my butcher can dissect a joint full as well. You must go to the bedside, young man; it is there only you can study disease." Such a sweeping denunciation, if made at the present day, would, we apprehend, somewhat endanger the author's reputation, were it even as great as that which Sydenham enjoyed. The relation of anatomy to medicine is regarded in a very different light now from what it was two centuries since ; and the former, from being almost nothing, has come to be viewed as nearly everything, in forming the diagnosis of disease. According to what has been considered a prevalent theory of the day, every disease must be referred to a place, must have assigned to it a local habitation, must be regarded as consisting in the alteration of some tissue, and as capable, by its nature, of being appreciated by an examination of the diseased structure. In connection with this view of the subject, examinations of morbid parts now assume an importance unknown to them in the days of our predecessors and instructers. Bodies must be examined, not to ascertain the effects of the disease, not to decide on the changes of structure to which it led, or by which it was accompanied, but to determine the disease itself. If the state of the parts, as found, correspond to the previous diagnosis, the disease was correctly discerned ; if not, the practitioner has been wholly deceived, and has, in fact, treated one malady by prescribing for another. If no structural alteration can be detected, the disease remains a mystery, and should the same symptoms again present themselves, they are not to be regarded as constituting any proper malady, or susceptible of any other than purely empirical treatment.

In the organic doctrine of disease, as it has been sometimes termed, the external phenomena are no farther regarded than as they serve to indicate the internal alteration. The symptoms are not considered as constituting the disease, either in whole or in part, nor are these symptoms the objects of the treatment. They serve, indeed, to point to the particular part affected, because each tissue enters into the composition of organs, and these have functions the derangement of which may be recognised by the senses ; the seat of pain can also be described with more or less accuracy, and aid is thus afforded in detecting the nature of the case. But neither the derangement of function, nor the accompanying pain, nor the change in the excretions, nor alterations of obvious parts in color or texture, nor all these circumstances combined, constitute the disease ; this still consists in an alteration of some internal structure ; and it is to the discovery of this that the attention of the practitioner must be directed.

As the proportion of diseases which are followed by a fatal termination is of course small, so that the state of parts which accompanies or follows certain symptoms cannot, in any considerable portion, be actually discovered by inspection ; and as, in the second place, the various changes thus discovered do not readily admit of exact description, it is necessary, even in adopting the principles of the above doctrine, to resort to some expedient for expressing briefly and simply the particular part affected, and the general character of the affection, independently of the peculiar phenomena which it may be conjectured to present. Now, since most morbid affections of parts commence with increased action of the circulating vessels of those parts, or at least with an increased determination of the circulating fluid toward them, it has been convenient to those who maintain this doctrine, to consider most affections accompanied with pain, impaired or altered function, &c., as inflammatory affections of some tissue or organ. In this view of the subject, diseases which before were variously designated, are by these pathologists termed inflammations, sub-inflammations, or irritations, of the parts principally affected.

It would be doing manifest injustice to the organic doctrine, to suppose the above a full account of the peculiar views it maintains, or of the observations on which it is founded. What we have said, however, will serve as an introduction to a few observations on some points which have attracted much attention, and which are now the subject of one of the most active controversies in which the science of medicine has ever engaged its cultivators. Viewing this controversy from a distance as we do, it is easy to discover that undue excitement has been manifested on both sides, and that disputes about words have taken the place of the discussion of important principles. But that, on some points of real importance, there is an honest difference of opinions between the parties, and that, under other names and in a different guise, the same questions have divided the members of the profession before the discussion assumed its present distinct form, no one who reads the medical literature of the day can entertain a doubt.

What is it which essentially constitutes disease? We will suppose this question sufficiently answered by saying, the sensation of pain; and it will be necessary, in the next place, to settle the question whether pain can exist independently of any organic lesion. Now, in the determination of this point, we derive no aid from the researches of morbid anatomy. In a large proportion of cases in which pain is referred to the external surface as its seat, the most careful examination does not enable us to detect any change of structure in the part; and in equally slight internal affections, could the part be submitted to our inspection, we should probably be equally unsuccessful. This point, therefore, fairly belongs to the field of conjecture. It seems probable enough that pain in a part may be preceded generally by a slight increase of the local circulation, or, at least, increased fulness of the vessels. Such is probably the case in the ordinary forms of headach; and in the great proportion of pains which are usually regarded as purely nervous, there is, very possibly, antecedent or consequent, some influence produced on the circulation itself. This position is evidently broad enough to cover the whole ground, and in this sense it may be conceded that every disease implies, and is accompanied with, some change in structure. What is the nature of the change in a given case, in which certain symptoms are presented, is a very different question. To its elucidation, morbid anatomy has certainly contributed very much, and is daily adding new information. But from its very nature, morbid anatomy is, in many respects, an imperfect guide. It informs us as to the state of the parts at the moment of observation, but does not teach us the series of progressive changes by which they arrived at that state. Perhaps we learn from a post-mortem examination the cause of death, but are left in ignorance of the cause of the preceding disease. Perhaps the organ in which we expected to discover the morbid change, appears perfectly healthy, and we are left in doubt whether the alteration has disappeared, or is so minute as to elude our observation, or whether the symptoms which we referred to the organ in question, arose from the affection of a different one, while this was influenced only by sympathy. Again, it is not always easy to determine whether the state of a dead part is morbid or otherwise. It is only of late that it has been fairly settled what is the appearance of the gastric mucous membrane when in perfect health, and there are probably many who still feel a doubt on this important point. The natural appearance of the peritoneal coat of the intestines, is another difficult point to settle; and this membrane frequently presents a suspicious aspect when there had been nothing to direct attention to it during life. Organs supposed to be extensively inflamed, have been found in a state of entire soundness; and others are discovered to have passed through inflammatory processes, of which, during life, they manifested no sign. There is no organ certainly which gives more uniform indications after death of disease observed during life, than the lungs; but even here, when a diagnosis has been at all minute, how frequently does it prove erroneous! The precise part of the organ affected, the degree of disorganization, the existence of large cavities, the obliteration of air-cells, are all points about which mistakes are continually committed, notwithstanding the multiplied advantages we enjoy for making accurate investigations of this part. The heart, too, frequently deceives us, presenting during life the greatest possible functional derangement, and after death appearing, as respects its organic structure, most perfectly healthy. It is needless to multiply examples. There is probably no organ or tissue in the human body which has not sometimes given evidence of being affected with organic disease or extensive inflammation, from which, on examination, it has been found wholly exempt. But the ambiguity of post-mortem examinations is not the sole difficulty in assigning a local seat to a certain combination of symptoms. Unless the same symptoms have been previously observed, and the cause ascertained by subsequent examination, they will convey no precise information on which to found a diagnosis of the disease, or a plan for its treatment. It almost never happens, except during the prevalence of an epidemic, that two cases are met with by the same practitioner presenting the same combination of symptoms; and it is far more rare that in two pathologic examinations, appearances are found distinctly morbid, and which we can pronounce to be precisely similar. The difficulty of availing ourselves, in this respect, of the experience of others, is universally acknowledged. In regard to morbid anatomy, it has, till of late years, been wholly insuperable; and though pathologists of all countries are now laboring, by graphic delineations, to improve this branch of science, it may be doubted whether it will ever be easy to found satisfactory conclusions on this sort of comparison. On the other hand, it is but too well proved, even by the imperfect evidence we possess, that cases of the same apparent character present widely different pathologic appearances, while similar structural lesions have been discovered, consequent on diseases which have nothing else in common.

Such are only a few of the obstacles which cross the path of him who would assign a local, tangible character, to every disease which comes under his observation. In the midst of all this embarrassment, who will say that the practitioner shall defer giving a name to a disease, or deciding on its treatment, till its proximate cause and seat shall be fully determined. Certainly no wise man will advise, no practical man will pursue, such a course as this. The path dictated by reason differs as widely from this, as it does from the wildness of entire empiricism. He who acts without observation is unworthy the name of physician; he who observes and acts not, because his investigations do not lead him to entire certainty, loses the substance while pursuing the shadow. Nothing is more certain than that each symptom has its proximate cause; nothing is more uncertain, in many cases, than what this cause may be. But the practical result is often independent of both these points, and the treatment will frequently be successful which has for its object the removal of the obvious symptoms. He seems to be the true practitioner, who, while he neglects no means of investigating the essential nature of a disease, does not permit the uncertainty attending this inquiry to impair, in any degree, the promptness and efficiency of his treatment; who, while he studies the disease as a philosopher and a pathologist, adopts, in his treatment, the dictates of experience, and the suggestions of enlightened and practical common sense.

Agreeably to the notice recently given, the present No. of the Journal will complete the fourth volume. The title page and index will be forwarded to subscribers next week.

Whole number of deaths in Boston the week ending July 29th, 26. Males, 11—Females, 14. Stillborn, 1.

Of consumption, 2—mortification in bowels, 1—inflammation in bowels, 1—old age, 1—scarlet fever, 1—poison, 1—disease of heart, 1—typhous fever, 1—inflammation on lungs, 1—throat distemper, 1—apoplexy, 1—cancer, 1—unknown, 4—bleeding at lungs, 1, &c.

THE BOSTON MEDICAL AND SURGICAL JOURNAL
IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,
At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

TWENTY-SIX WEEKLY NUMBERS.—AUGUST TO FEBRUARY, 1831-2.

THE
BOSTON
MEDICAL AND SURGICAL
JOURNAL.

VOLUME V.

Boston:
CLAPP AND HULL, PROPRIETORS AND PUBLISHERS.
CORNER OF WASHINGTON AND FRANKLIN STS.
1832.

INDEX TO THE FIFTH VOLUME.

Abortives, a class of, 240
Abstinence, evils of, 261
Agaric, white, in night sweats, 324
Alcohol, new mode of procuring, 19
Ammoniacum, 50
Anatomical preparations, 114
Anatomy law, popular feeling on, 190
Anatomy, Meckel's, 226
Anatomy, Paxton's, 18
Arsenic, poisoning by, 138
Ascites with hernia, 398
Asthma, observations on, 21

Bath, warm air, 381
Biography, Thacher's Medical, 20
Bleeding, in England and France, 323
Blistering plaster, substitute for, 19
Blood, red color of, 178
Bones, nutriment from, 146, 331
Brain, effects of certain applications to, 362
Bread, mouldy, its poisonous qualities, 67
Bronchitis, 306
Bronchocele cured by seton, 152
Burns and scalds, treatment of, 51

Cabbage, poison in, 147
Cancer of face, 83
Cantharides, poisoning by, 75
Carbon, its power to destroy the bitterness of certain bodies, 402
Carotid, ligature of, 92
Case of triplets, 413
Catalepsy cured accidentally, 260
Cheek, abscess of, 363
Chair for invalids, 98
Chemistry, lectures on, 211
Chloride of lime in ophthalmia, 317
Chlorine, an antidote to prussic acid, 211
Cholera, contagiousness of, 405
Cholera, spasmodic, 5, 17, 49, 62, 65, 81, 97, 98, 101, 131, 143, 161, 170, 183, 191, 220, 226, 242, 244, 283, 316, 320, 338, 350, 356, 369, 371, 385, 418, 419, 420
Cinchona, trees furnishing, 401
Cloquet's anatomy, 334
Colon, disease of, 266
Contagious diseases, pathology of, 181
Cooper's lectures, 334
Cotton for dressing wounds, 232
Crystalline lens, injury of, 373

Davis, Dr. E. G. on gout, 332
Death, causes of, 270
Deaths in Boston, 20, and weekly
Desgenettes, a new, 51
Diarrhœa and cholera, 60
Digitalis, bad effects of, 202, 259
Disinfection, 101, 195
Dropsy, 27, 48, 197
Dropsy, compression in, 35
Dropsy, caused by obliteration of the veins, 197
Dropsy cured by drastics, 252
Dysentery, remedy for, 147

Ear, anatomy of, 66
Electricity, atmospheric effect of on eyes, 68
Emetic, tartar, effect of, 355
Ephidrosis, 381
Ergot in hemorrhages, 73
Erysipelas, 290, 301
Exanthemata, recurrence of, 85
Exploring tube, 145
Eye infirmary at Manchester, 83

Fatuity from worms, 76
Feather, to restore the elasticity of, 402
Feet, coldness of, 307
Fever, spotted, Dr. Page's treatment of, 389
Flies, to protect meat from, 100
Fractures, Larrey on, 355
Fractures, Smith on, 271
Fruit, green, season of, 36
Fungus Cerebri, case of, 414

Galvanism, 243
Gas from water, 146
Gastro-enterite, new remedy for, 147
Gelatine for food, 331
Gout, disease resembling, 332
Grape marc, used for tanning, 100
Grigg, Dr. Wm. Chair for invalids, 98, 253
Gymnasia, 354

Health of Boston, 322
Health tracts, 196
Hemicranii, 369
Hemorrhages, ergot in, 73
Hildreth, Dr. B. W. Case of fungus cerebri, 414
Hip, abscess of, 375
History of medicine, sketches of, 143, 174, 208, 224, 256, 304, 318, 335, 365, 383, 399
Hæmoptysis, bleeding in, 229
Holly leaves in fever, 339
Homans, Dr. J. Cases of puerperal disease, 235
Horner, Dr. succeeds Dr. Physick, 244
Hotel Dieu, at Paris, 226
Howard, Dr. J. C. Case of puerperal fever, 188
  Case of ulcerated urethra, 222
  Successful case of dropsy, 252
  Case of erysipelas, 301
  Case of perforation of stomach, 348
  Case of ascites with hernia, 398
Hubbard, Dr. D. H. Tobacco enemata in ileus, 412

Huxham, Dr. J. biography of, 163
Hydrophobia, case of, 293
Hysteria, causes of, 51

Iliac artery, ligature of, 269
Inanition, death from, 185
Inflammation, opium in, 37, 169
Influenza, 19, 283
Inoculation, remarks on, 141
Iodine, 292
Items, 146, 402

Journal of medical literature, 195

Kahinka root, 48
Kidney, diseased, 127

Laudanum externally, 340
Leaves, change of color in, 111
Leucorrhœa, heroic practice in, 259
Liberality, municipal, 292
Lithotrity, 339
Lithotrity in Asia, 83
London University—Mr. Pattison, 206
Lung, abscess of, 370

Malignant diseases, Dr. Stevens' treatment of, 245
Mass. Medical Soc. communications of, 129
Medical institution of Berkshire, 371
Medical literature, 123
Medical provident institution, 158, 258
Medicine, history of, 20
Medicines, their effects in health, 78
Melanosis, 344
Mulliken, Dr. J. W. on anatomy law, 190

Nævus, new operation for, 140
Neuralgia, 187, 259, 395
Nervous tissue, regeneration of, 339
Nitrate of silver, antidote to, 35
Nitrate of silver ointment, 307, 346
Notice to readers, 415

Paracentesis cranii, 100
Paralysis, 300
Paralysis of lower limbs, 77
Peixotto, Dr. address by, 157
Pericardium, puncture of, 364
Periostitis successfully treated, 69
Peritonitis after mercury, 44
Peritonitis puerperal, 147
Pertussis, 95
Phlebitis, idiopathic, 137
Phlebitis, uterine, 42
Phthisis, 117, 288
Physick, Dr. resignation of, 211
Pierce, Dr. C. on the kidney, 127
Poison, animal, salt a remedy for, 243
Pomegranate root in tenia, 234
Popularity, thirst for, 371
Porrigo, producing amaurosis, 83
Prolapsus ani, 357
Puerperal disease, cases of, 235
Puerperal fever, 155, 188, 298
Pulse, indications of, 341

Ophthalmia, quinine in, 147
Ovary, tumor of cured, 297, 378
Oxygen, effects of on the voice, 77, 210

Rabies, 32, 45
Rectum, excision of, 74
Rheumatism, 370
Robbins, Dr. C. on diseases of the surface, 279
Rural cemetery, 66, 99
Russell and Barry on cholera, 418
Rust, to protect iron and steel from, 228

Sage, medicinal properties of, 218, 225
Salt water, 371
Sanguinaria canadensis, 393
Sawdust, bread from, 147
Scalp, wounds of, 370
Sealing wax, how to make, 212
Secretion, extraordinary morbid, 49
Skulls, 228
Smallpox and cowpox, 289, 303, 349
Smith, Dr. S. C. H. on fractures, 271
Spain, medicine and diseases in, 309
Spinal irritation, 57, 147, 325
Splints, new kind of, 271
Statue, living, 242
Stomach, perforation of, 348
Strabismus, 312
Sugar, to prepare medicines with, 401
Sulphureous waters, analysis of, 50
Surface, diseases of, 279
Surgery, 178
Sydenham, biography of, 213
Syphilis, new mode of giving calomel in, 145

Taliacotian operation, 30, 306
Tenia, change in appearance of, 164
Tobacco enemata in ileus, 412
Toothach, remedy for, 251
Triplets, case of, 413
Trismus nascentium, 277
Truss, description of a new, 167

Ulcer, case of malignant, 205
Ulcers, treatment of, 53
University of London, 206
University of New York, 244
Urethra, ulceration of, Dr. Howard's case, 222
Utero-Gestation, term of in the inferior animals, 417

Vaccination, remarks on, 133
Varioloid at Amherst, 365
Vegetable life, tenacity of, 243

Waltz, pathological, 115
Whiskey, Scotch, 176

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

Vol. V.] TUESDAY, AUGUST 16, 1831. [No. 1.

I.

THE NATURE AND CURE OF THE INDIAN CHOLERA.

It behooves every medical practitioner to watch with eagle eye the progress of this dreadful malady, and to treasure up in his mind every incident in its history which may aid in forming philosophical views with regard to its treatment. It will not therefore be with indifference that the reader will peruse the following remarks, which we derive from a late No. of that able London periodical, "the Englishman's Magazine."

The Indian or Spasmodic Cholera is a disease quite distinct from the Bilious Cholera which is common in this country and in Great Britain in hot seasons, and the author commences by pointing out the distinctive characters of these two diseases.

The generic appellative, *cholera*,* is radically derived from a Greek word signifying bile. The title was appropriated in consequence of one of the most prominent symptoms being either a redundant flow of bile into the intestines, accompanied with evacuations of a *bilious fluid*, characterizing *Bilious Cholera*; or a total absence of bile in the intestines, with evacuations of a *watery fluid*, characterizing *Spasmodic Cholera*. These symptoms are so completely opposed to each other in the quality of the fluid discharged, that attending to them alone will in general preclude the possibility of confounding the two species.

In this country, the more severe forms of Bilious Cholera usually occur in the latter end of summer, or the beginning of autumn. At these periods, the extreme heat of the sun stimulates the liver to an increased secretion of bile, which, flowing in excess through the biliary canals, accumulates within the intestines. In the condition of health, a certain quantity of bile is a necessary adjuvant to the perfecting of the digestive process; but, like other natural secretions, when above or below the salutary measure, it becomes the cause or the indication of diseased action.

The opening symptoms of Bilious Cholera, are simply the efforts of nature to expel the superfluous bile from the system. The patient complains of nausea and universal languor, to which retchings and evacuations of a bilious fluid quickly succeed. There is also thirst, restlessness, and pain. In many cases, occasional cramps are experienced in the limbs, resulting doubtless from the irritating effects of the bile upon the internal surface of the intestines. Of spasmodic action, induced in distant parts of the body in an analogous manner, there is conclusive evidence. In children, convulsions are often excited by the irritation of worms, or indigestible matter lodged in some part of the alimentary canal.

---

* Cholera *Morbus*, the vulgar name, is an absurd pleonasm.

A knowledge of the nature and seat of a disease, will lead to a judicious plan of medical treatment. The course to be adopted here is very obvious. There are two objects to be attained. One, to dilute and remove the irritating fluid from the bowels ; the other, to allay the thirst, pain, and spasms. The first indication is followed in the free exhibition of mucilaginous liquids, and the use of an occasional purgative ; to compass the second, anodyne medicines and refreshing drinks should be administered. When properly treated in the beginning, it is very seldom indeed, under ordinary circumstances, that cases of Bilious Cholera prove fatal. The disease is acute for the time it endures, but generally it is subdued in three or four days, and the patient recovers with nearly the same rapidity that he fell sick. There are periods upon record, however, in which the malady assumed a more dangerous tendency, in consequence, probably, of a peculiar constitution of the atmosphere with regard to heat, moisture, &c., or properties unknown. In 1669, Sydenham describes the Bilious Cholera as unusually prevalent and severe, carrying off many victims in the space of twenty-four hours.

Spasmodic Cholera is strongly distinguished from the preceding species by the intractable nature of the malady itself, and by the greater intensity of some symptoms common to both, as well as by the features, which confer upon it a distinct specific existence. Spasmodic Cholera is practically unknown in England, but in India it is indigenous. The attack is usually most insidious and sudden. Persons who may have felt perfectly well during the day, in the course of the night, or early in the morning, are seized with a feeling of uneasiness, which is at first rather a general sensation than referable to any part. To this succeed, at irregular intervals of time, a sensation of heat in the region of the stomach, nausea, constant evacuations from the stomach and bowels of a fluid bearing a striking similitude to water in which rice had been boiled, cramps of the muscles of the fingers and toes, which gradually ascend along the limbs to the trunk. Finally, the muscles of the chest and belly are included in the circle of spasmodic movement, the more violent symptoms continue to persecute the patient, until his strength is unable longer to sustain them. In the last stage of the disease, he is emancipated from the vomiting and spasms, through the complete exhaustion of physical power. With this change, however, he expresses himself greatly relieved, and he may yet survive for a considerable period, his mind remaining unimpaired amid the wreck of the corporeal functions.

A physician conversant with cases of Spasmodic Cholera, will often be competent to recognise an approaching attack in the expression of the patient's face, before that he is himself conscious of the least alteration in his appearance or sensations. His features seem sharper than natural, and there is an air of repressed anxiety in his countenance. If his attention be called to the fact, he will then perhaps say that he does not feel altogether as easy as in general, but that he cannot account for the impression. The changes which the pulse and skin undergo, in the more obvious stages of the malady, are very remarkable, and will not fail to strike the attention of the most superficial observer. At first, the pulse is rapid, small and weak. When the spasms are established, it becomes, during the paroxysms, imperceptible in the limbs, and for some time before death no pulsation can be detected in these parts. The inability to carry on the circulation in the superficial textures, allows the blood to accumulate and oppress the internal organs. On *post-mortem* examination, the different viscera, particularly the liver and lungs, are found gorged with thick, dark-colored blood, showing that the eliminating processes of respiration and secretion had been very imperfectly performed. The surface of the body, at the commencement of the disease, is pale, chill, and clammy. In the advanced stages, it is quite cadaverous.

The first case of Spasmodic Cholera that challenged our professional skill, occurred in Calcutta. The symptoms were sufficiently marked to make a lasting impression upon the mind of a practitioner hitherto practically unacquainted with an enemy so obstinate and so accustomed to triumph.

The patient, Mr. A——, an European, only a few months transplanted from England, was a middle-aged man, of spare, but muscular proportions. The evening previous to the attack, he had been abroad enjoying the society of some friends, and, contrary to his general habits, he had indulged in the rather free use of spirituous liquors. The party separated about one o'clock. Mr. A——, the distance being short, traveled home in a palankeen. Upon reaching his residence, he did not retire directly to bed, but took a seat in the verandah "to cool himself." In this state of exposure to the night air, be fell asleep. He slept soundly until awakened, an hour afterwards, by his servant, who reminded him of the propriety of going to bed. Either from the disease not being perceptibly manifested, or from impaired sensibility, Mr. A—— was not then conscious of any morbid affection. After slumbering in bed, however, for a couple of hours, he awoke suddenly with a start, complaining of mental anxiety, and a feeling of uneasiness at the region of the stomach, which he attributed to unpleasant dreams, and to the effects of the wine. But the anxiety increased, and the uneasiness changed into a feeling of burning heat. In the lapse of four hours, evacuations of the portentous fluid, like rice water, followed, from the stomach and bowels, to which were soon superadded distressing cramps, affecting the muscles of the toes. The character of the affection was now evident to the patient himself, though almost a stranger to the climate and its diseases. To afford medical assistance, we were immediately summoned. The summons was quickly obeyed, but, in the interim, the advance of the disease had surpassed our rapidity.

On arrival, we found that the patient had been unable longer to endure confinement in bed. The cramps had extended upwards to the calfs of his legs; they were also simultaneously experienced in both arms. So violent were the spasms, that he had rolled in torture upon the floor. At the time we entered, he was gathered into a corner of the apartment, and he presented an appalling spectacle of internal agony. His person, sparingly concealed in a night-garment, bore, in its spasmodic contractions, a resemblance to the letter S. Assisted by a couple of servants, and by pressing his bent extremities against the angular walls, he labored in the extreme exertion of voluntary force to subdue the involuntary action of the rebellious muscles. The expression of his face, at that moment, lives distinct in our recollection; and even there, though seen through the mist of receding years, it is painful to dwell upon.

To convey to the reader a faint idea of the death-struggle then maintained, we would liken Mr. A—— to a traveller, who, falling unwarily upon the tiger's lair, rallies every nerve to secure a temporary respite. His inevitable fate is briefly procrastinated by the convulsive grasp which holds the throat of the savage in momentary subjection. Such was the danger—such the desperation stamped upon the countenance of our patient. His features were sharp and hollow. His teeth clenched in breathless agony. The blood had retreated from his cheeks and lips. His limbs were doubled resistlessly by the remorseless spasms.

In a few minutes, a remission brought partial relief. In occasional snatches of expression, he gave us to understand that he was now able to answer the interrogatories we might think proper to propose, with respect to the inward symptoms. These symptoms were the usual concomitants of Spasmodic Cholera in the intermediate stage of its violence. His stomach felt as if it contained a furnace. The thirst was unslakeable. And so complete was the feeling of exhaustion during the interval of mitigated suffering, that he felt unconscious of possessing the slightest control over the motions of any part of his physical structure.

Medical men have been collectively accused, by the indiscriminating multitude, of defective sympathy towards the sons and daughters of bodily affliction. Habituated, it is said, in their daily avocations, to the appeal of the unfortunate, they are at last led to conceive the heart-pang of the patient to be as unsubstantial as the words in which it is expressed. The charge is untrue. In no class of educated people will there be found a greater proportion of "hands open as day to melting charity," than might be discovered among the members of the medical profession, were their kind acts performed in the market-place, instead of the gloomy recesses of morbid destitution. Men in the general walks of life may annually exhibit their measured benevolence in public places, and shed the infrequent tear of commiseration in their hasty transit through a hospital; but it is the province of the practitioner to do something more than this. It is his duty to linger long with the distressed, to bind in solitude their bleeding wounds, and when hope has departed, never to return, to wear her cheering portraiture, that the abrupt and rugged path leading to dissolution may not too hastily reveal the extremity of danger.

To our patient, laboring under a violent and advanced attack of Spasmodic Cholera, no solid expectation of recovery could be extended. Every means, however, sanctioned by recorded experience, was tried to compass a favorable change. Respecting the final issue, he was himself little if at all solicitous. The immediate suffering, particularly from the spasms, absorbed both sense and soul. He prayed imploringly to be relieved, either by energetic treatment or by death, from the intolerable cramps that threatened to tear him into pieces.

Brief was the interval between supplication and repose. The resources of nature were exhausted in detail. The spasms which had eventually ascended to the body, finally yielded to debility, that proved alike prostrating to the actions natural and diseased. The vomiting ceased to harass ; the pulse was no longer susceptible in the limbs ; even the motion of the heart—that citadel of life—was feeble and indistinct. The surface of the body felt cold and clammy like a corpse, presenting on the hands and feet a corrugated and macerated appearance, as if it had been steeped in water for some days. The breath grew chill. The eye was glazed. In this state, notwithstanding, he lived several hours, and then expired without a struggle.

The case of Mr. A—— is a common specimen of the progress of the disease to a fatal termination. It included thirteen hours from the first feeling of uneasiness, until he breathed his last. Cases, however, are continually occurring, in which the duration of the malady extends to twenty-four hours. Some beyond that. On the other hand, many patients are carried off with singular rapidity. In the history of the Epidemic, instances are numerous of soldiers falling in the line of march and dying instantly, as if seared by lightning, without having uttered a previous complaint. Mechanics have perished with their working implements in their hands; the Brahmin, also, at his beads, and the Ryot at his plough.

Before noticing the principles hitherto most successfully pursued in the medical management of Spasmodic Cholera, we shall briefly advert to some of the opinions entertained respecting the causes, remote and immediate, of that terrible distemper. That the reader may comprehend our technicalities of causation, the application of the terms employed shall be explained.

The causes of disease admit of two chief divisions. The *remote*, and the *immediate* or *proximate.* It may be permitted for our purpose to illustrate these in the following manner :—A man receives a blow from a stone; the part stricken is bruised ; inflammation of the part succeeds. Here the propelled stone is the remote cause of the mischief; the bruise is the proximate cause ; and the consequent inflammation forms an array of symptoms, or what is commonly called the disease. In strictness of language, however, we should not call the inflammation, or third stage, the disease itself; it is merely symptomatic of the previous organic change comprised in the second stage. The proximate cause, therefore, is the real disease, the parent of all that follows. Applying this mode of investigation to the English or Bilious Cholera, it will appear that the heat of the sun is the remote cause of the affection ; for, during the maximum of its annual range, the heat stimulates the liver to increased action, and its function becomes accelerated. This functional derangement is the proximate cause ; and the augmented flow of bile is merely one of the primary symptoms which, in its turn, gives rise to the secondary train, nausea, vomiting, &c.

As in the two examples just

given, every malady will have for its proximate cause either an organic change, or a functional derangement of some part of the body. But in many cases we are not aware of the precise nature of that change or the exact seat of that derangement. It is also often impossible, from the minuteness of the field of research, and the imperfection of our senses, to ascertain, by observation or dissection, whether the proximate cause of certain maladies should be referred to alteration of structure or to supernatural action alone. To this order belong a numerous family of fevers, which are developed in the system spontaneously, or through the influence of a deleterious miasm. The difficulty to which we have alluded, accounts for the various controversies maintained of late years, among medical writers, regarding the primary seat of fever. Some attempted to prove portions of the nervous, others, of the vascular system, to be the first link in the chain of febrile transition. A third party, observing that the brain, in persons who died of fever, frequently presented the aspect of recent inflammation, hastily referred the proximate cause to inflammation of the brain. A fourth, for similar reasons, found it in the lining membrane of the stomach. The more enlightened view, however, of the pathology of fever, demonstrates that the inflammatory appearances observable after death, are the *effects*, and not the cause, of the disease. An opinion, consequently, has been with reason entertained, that the nervous system, not in part, but as a whole, is the radical seat of the morbid phenomena.

The recorded history of Spasmodic Cholera, does not reveal to us the reason of the disease changing its character in 1817. Why it should have assumed, at that period, an aspect of extraordinary malignity, has not as yet been satisfactorily explained. The remote and proximate causes of the epidemic are still open to investigation, though several authors have attempted to point them out. Mr. Annesley * seems to think that the remote cause was a peculiar state of the atmosphere, with regard to its electricity; that the air was negatively electrical, and that this induced a great diminution of the nervous fluid in the human body, which is in his opinion the proximate cause of Epidemic Cholera.

Thirteen years have elapsed since Cholera commenced its ravages, and a single experiment cannot be adduced to countenance the existence of the peculiar non-electrical state of the atmosphere. Holding, therefore, his opinion to be perfectly gratuitous, we shall leave Mr. Annesley to the enjoyment of the more solid honors which have been awarded him in the practical department.

Several theoretical writers agree with the practical, in supposing that immediate and increasing diminution of the nervous energy, is the proximate cause of the malady. Dr. Good † does not express his sentiments fully and explicitly upon the subject, but from the little that he says, and as he leaves the opinion uncontroverted, it may be presumed that he was inclined to the same conclusion. Of the remote cause, Dr. Good offers no solution.

To dissent from highly respectable authorities, may be considered in us an act of temerity, both on account of the difficulties appertaining to the question itself, as well as the numerical danger incurred in opposing, to the opinion of the many, that of an individual. Appealing, however, to facts admitted by all, and elucidating these through the light of a clear analogy, we hope to be able to show that, during the first stage of Spasmodic Cholera, the nervous energy is not in a state approaching to exhaustion; but, on the contrary, that *it is locally in excess, and to the influence of this excess upon certain parts of the body should the phenomena be ascribed, which externally mark the disease.*

---

* Sketches of the most prevalent diseases of India. London: 1829.

† Study of Medicine, by John Mason Good, M.D. 1829

The prevalent opinion, that debility is the immediate cause, probably originated in the medical observers drawing their conclusions erroneously from the effects of the symptoms of Cholera, as had previously been done by others with regard to fever. But it is evident, that in quest of the fountain we should not follow the river to the sea. In whatever stage of the disease the investigation be commenced, we must take the symptoms individually, and ascertain their relations and priority of origin. Guided in this way by the landmarks of observation, we shall finally arrive at a knowledge of the first sensible indication of the morbid action which had been excited within the body, and the next step will be to determine, with the assistance of experience and analogy, the nature of the insensible or hidden derangement, which constitutes the proximate cause.

If general nervous debility be the cause of the symptoms, we would ask how it comes to pass that the mind of patients, laboring under Spasmodic Cholera, remains perfectly clear and collected to the last, after the pulse has ceased to vibrate in the limbs, and when death has crossed the threshold of existence? In typhous fever it is otherwise. Here the decline of the cerebral function is evinced in low muttering delirium; in the loss or perversion of the external senses. The ear is mocked by the imaginary fall of waters; the eye deceived by the unsubstantial creations of the brain. The medical treatment, also, found most efficacious in opposing the onset and progress of Cholera, demonstrates that general nervous debility cannot be the cause of the earlier symptoms. When a patient is first seized, a copious bleeding from the arm, and a large dose of laudanum, are the remedies chiefly to be depended upon, and these, if resorted to on the approach of the malady, will be generally successful in checking or moderating its progress.

It may be alleged, "the principle of this curative process is decidedly stimulant; the abstraction of blood instead of depressing the powers of life, tends to strengthen them, breaking the chain of diseased action, and relieving the heart, already oppressed, of a portion of its circulating load; brandy, laudanum, and other narcotics," it may be continued, "are stimulants in the first instance, their narcotic influence being a secondary effect, and therefore they are often successful in counteracting debility in diseases, of which nervous prostration is, doubtless, the most prominent feature." In reply to these arguments, we can perceive no parallel existing between the treatment suited to a disease of strict nervous debility, such as typhous fever, and that of Spasmodic Cholera. In the cases of the former, where the putrid tendency is developed with the accession, to resort to bloodletting will diminish the chances of recovery to almost nothing. The copious and repeated administration also of narcotic medicines, that prove our sheet-anchor in withstanding the inroads of Cholera, would rapidly extinguish the flickering ray that sheds vitality in typhus.

That local excess of nervous energy is the cause of the symptoms, is supported by the pathology of Cholera. The localities in which this excess is generated, appear primarily to be the nerves connected with the liver, stomach, and bowels. The nerves of the limbs, and of the other parts, subjected to spasm, are probably secondarily affected. The effects correspond to the cause. There is uneasiness at the pit of the stomach, and the patient's face wears the anxious and shrunk expression common to severe abdominal distempers. The canal, along which, in health, the bile freely travels to the intestines, is closed by the constriction of cramp. The spasms soon extend to the stomach and bowels, and they, in consequence, are compelled to evacuate their contents. The patient now complains, for the first time, of extreme exhaustion. This is worthy of special remark as corroborative of our views, that debility is an effect, and not the cause, of the earlier symptoms.

The character of the attendant spasms would not lead us to suspect a diminution of energy in the nerves distributed to the muscles affected. They are of the rigid kind. Is inordinate and continued action, then, the result of debility? Does deficiency of stimuli excite muscles to extraordinary contractility? Surely not. That the patient will be reduced to a state of helpless exhaustion, is no reason against entertaining the previous redundance of nervous influence. The concord of the animal functions, voluntary and involuntary, which characterizes health, is broken by the undue accumulation of energy in any one of the textures subservient to them. Nor do the instances in which Cholera proves almost instantaneously fatal, militate against our position. They only show that a stimulus, which in a common degree of activity excited undue action alone, will in a greater measure completely destroy it. Thus electricity, in graduated shocks, may recruit, or derange, or destroy the body. In the same way, cold, under ordinary circumstances, is a bracing stimulant, but in excess it is dangerous to life. Mr. Scott has recorded a curious case, which, in so far as the nerves of the extremities are concerned, bears hard upon the doctrine of debility. It is that of a man who had been subject to paralysis and total numbness of his limbs. In addition, he had the misfortune to be seized with Spasmodic Cholera, when, to the surprise of his attendants, his limbs became the seat of spasms, and also exquisitely sensible.

The possibility of effecting a cure in Spasmodic Cholera, greatly depends upon the time in which the patient is submitted to medical management. Should the disease be allowed to completely develope itself before advice is obtained, it will frequently baffle the exertions of the most skilful practitioner, and prove rapidly fatal. But if the physician be consulted when the symptoms are moderate, when uneasiness and anxiety are chiefly complained of, after the use of the customary remedies, strong hopes of recovery may be indulged. Blood-letting, and a large dose of calomel, should be immediately prescribed. To these should succeed constant frictions of hot flannel to the skin; internal prescriptions of laudanum, brandy and water, and other sedative anti-spasmodics, to be used at such intervals of time, and in such quantities, as the physician may consider best fitted to the peculiarities and urgency of the case. The signs of returning health will be recognized in the reappearance of bile in the evacuations. The secretions of saliva and of urine, which had been suspended during the severity of the attack, will be again restored. The breath and skin will gradually recover their natural heat; and, in short, every function of the system will return to the salutary standard.

Should the patient delay application for advice until the disease has advanced considerably into the second stage, venesection will generally prove useless or injurious. The cramps are established, and they should be alleviated by friction, and the exhibition of anti-spasmodic medicines. If the third or last stage have set in, a discriminating judgment must also be exercised. As debility has now become our only opponent, the sedative preparations are to be modified accordingly, so as to produce little more than a stimulant effect; for the use, at this period, of laudanum, &c., in quantities suited to the treatment of spasms, would render the catastrophe inevitable.

Although we are unacquainted with the individual remote cause that imparted to Spasmodic Cholera the epidemic and fatal character which it assumed in the town of Jessore during 1817, it is clear that it must have depended upon one of the three following circumstances:—1st. Either some peculiarity in the condition of the atmosphere; 2nd. Or some peculiarity in the condition of the human body; 3rd. Or upon a peculiar condition of both. As the various writings upon the subject do not rise above speculation, we shall pass them over to inquire in what manner the disease is propagated in the present day; whether it is communicated from one person to another by contagion? Or whether the atmosphere is the sole remote agent in exciting the distemper?

A few years ago Dr. Maclean divided the medical world into contagionists and non-contagionists. Our sentiments are decidedly opposed to those of Dr. Maclean; yet, notwithstanding, we suspect that the attention he received at the hands of the College of Physicians, was not commensurate to his abilities. The public, moreover, through sheer ignorance of the steps leading indirectly to the temple of science, whilst it swallows with avidity the monsters of quackery *practice*, is ever ready to raise an idle clamor against theories—medical theories in particular.

To doubt the sun's a sea-coal fire,
  Would mightily displease
Some folk, who think the whey-faced moon
  Is made of recent cheese.

"In the world of wisdom theories abound." Prosecuted by men of abilities, even false theories are often productive of much good. The hasty growth of the structure, lacking bone and muscle, either destroys itself, making men wiser by experience; or it demonstrates how far the theory, which has entered upon the right road, may be received. Dr. Maclean failed to prove the non-contagious nature of Egyptian plague, but the College of Physicians were obliged to admit that some modification, advantageous to the interests of commerce, might be made in the quarantine laws.

The fundamental error which governed Dr. Maclean, was an extravagant love of uniformity. He forgot that Nature, while she carefully preserves the family likeness, frequently leaves details to the "beauty of contrast." His first grand position* was, that fevers truly contagious could not affect the same person more than once in a natural life. Therefore, Egyptian plague and typhous fever were non-contagious. Secondly, that epidemics are not propagated by contagion, but depend upon atmospheric causes. Unmindful that he was himself the maker of these "laws," he called them fixed and unchangeable.

The distinction drawn between epidemic and contagious diseases, was altogether fanciful. The fact is, that contagious diseases may become epidemic; and epidemic diseases, originally dependent upon atmospheric causes, may become contagious. Scattered cases, for instance, of smallpox—a disease, the contagion of which is unquestioned—are constantly occurring in various parts of England; but occasionally it attacks great numbers of children, about the same time and place, or, in other words, it assumes the epidemic form. The contagious fever of measles is obedient to similar laws.

Contagious diseases are communicated from one person to another in two ways, either through the medium of contact, or by close exposure to exhalations emanating from a person infected. To avoid a war of words, these affections may be said to have an *animal origin*. Diseases, on the other hand, that spread, independent of contact or animal exhalations, may be said to have an *atmospheric origin*. The task of arranging these maladies under two distinct heads, in relation to their causes, appears to the uninitiated a work of extreme simplicity. But it is not so; for, as we stated above, they do not always retain the identical character that distinguished their first appearance. Several fevers vary in their cause. The same disease may at one time be referred to the atmospheric, at another to the animal origin.

Egyptian plague furnishes an example of the variable remote cause to which we allude. This disease prevails during the winter half of the year in Lower Egypt. It is highly contagious; but though communicated rapidly from individual to individual, by exposure to pestiferous contact or exhalation, there is sufficient evidence to show, that persons resident there may contract the disease without having undergone any such exposure, and that afterwards they may, by contagion, transmit it to others. Now, a physician who had witnessed a few of the spontaneous cases, if we may so call them, judging from his own limited experience, might ascribe every instance of the disease to an atmospheric origin exclusively; while another, who had only met with instances the result of contagion, might ascribe every case as exclusively, and with equal justice, to an animal origin. This view of the matter may diminish the astonishment with which the public behold the discrepancies of medical evidence.

The admission of a variable remote cause for some contagious diseases, is forced upon us at home in the history of typhous fever. It is commonly propagated by a specific contagion; yet certain external circumstances are sufficient of themselves to generate the disease in the human body. These are, damp houses, ill-ventilated, and crowded with inhabitants; wet winters, scarcity of food, and all the depressing concomitants of poverty. In this way have originated hospital, camp, and jail fevers, which are of a contagious nature, and may be collectively included under the appropriate name of *typhus*.

---

* Dr. Maclean on Epidemic and Pestilential Diseases, 1817. Ditto on the Evils of Quarantine Laws, 1824.

The digression upon the animal and the atmospheric origin of Egyptian plague and typhous fever, was introduced to prepare the reader for a few observations regarding the origin of Spasmodic Cholera. While the disease was restricted to Hindoston and its neighborhood, the members of the medical profession in India endeavored to discover the medium through which it was propagated. A large majority, more particularly of the Bengal Presidency, declared the disease to be non-contagious. But in Bombay, the contrary conclusion was ably maintained. In justice to the early advocates of non-contagion, it should be observed that the question, at the period to which we refer, wore a somewhat different aspect from that which it assumed under the impression of later events. The progress of Cholera had then scarcely exceeded the boundaries of Hindostan, and here the mild and malignant varieties were indigenous. The non-contagionists might, therefore, reasonably ask, "why a disease which began at Jessore independent of contagion, should not likewise be generated in other localities under the influence of atmospheric causes?" We believe that it was so generated in many instances, and upon the strength of this admission we would reconcile several apparently conflicting statements; the leading features, however, developed in the history of the malady, cannot be satisfactorily explained, in the absence of contagion, on any known accidental condition of health and of the atmosphere. These features are—

1st.—Epidemic Cholera* has traveled as often against, as with the course of the winds. In the very face of a strong S. W. wind which blew in that direction for some months, it passed from Bengal to the Deccan. It has prevailed in every kind of weather common to the climates affected. In the driest weather, and during the deluge of periodical rains; in storms, and in calms; under the scorching sun of Arabia, and amid the snows of Russia.

Opposed as are these facts to the usual progress of maladies, the extension of which depend solely upon the atmosphere, the character of the succeeding, favors, in a still greater degree, the existence of a contagious power.

2nd.—Epidemic Cholera has in general rigidly followed the great highways of human intercourse. Pursuing the line of navigable waters, and the route of caravans, it entered or traversed the different countries. Through India it extended along the rivers Ganges, Hooghly, Jumna, and Nerbudda. Arabia, Persia, and Syria, were penetrated by the Persian Gulf, the Tigris, and the Euphrates. Moscow received the disease by the route of the Volga. China, other parts of Eastern Asia, and the various islands, were infected over sea, as appears from the Cholera making its earliest ravages in the port towns and maritime districts. Agreeing with the disposition of contagious diseases, the Cholera has been most virulent wherever human beings were numerous and concentrated. In densely-peopled cities; in armies encamped, or upon the march; in localities unfavorable to free ventilation,—as low sheltered grounds, narrow streets, close dirty houses. The slow rate of progression at which the epidemic advanced from place to place in succession, and the temporary halts which it occasionally made, perfectly agree with a contagious origin; but they cannot be reconciled to an atmospheric. It travels, on an average, at a rate varying between ten and eighteen miles a day. But often, in particular instances, much less. Within the Zillah of Nellore it proceeded thirty-two miles in twelve days; in the next twenty-seven days, eighty miles.

---

* *Vide* the different Reports compiled by order of the East India Company; and also the publications of individuals upon the subject.

Writers who deny the contagious nature of Cholera, rest their belief chiefly upon the circumstance that many persons were attacked without having had previous intercourse with the sick. This objection brings but little weight with it. In Hindostan such cases may have, at times, arisen from external causes, as at Jessore; but in other countries, where Spasmodic Cholera had never been known until the Indian invasion, we would refer them to contagion, for it is notorious that contagious exhalations may be carried about in merchandise, clothing, &c., their infecting energy remaining for a considerable period unimpaired.

The Russian government was of opinion that the Cholera, during 1829, had entered the province of Orenburg with the caravans trading between Orenburg and Boukhara, the commercial entrepot of Central Asia. The Russians, indeed, have uniformly treated the disease as if contagious. The medical council of Petersburgh issued quarantine orders, under which every patient was to be strictly prohibited from holding close communion with persons in health. Even the Emperor Nicholas, who to encourage the inhabitants, visited Moscow during the prevalence of the Cholera, underwent, before his return to Petersburgh, the usual ordeal of purification in quarantine. How far these precautions are productive of benefit, it is difficult to say. The disease was equally mortal in Russia as elsewhere, comparing the number of deaths with the number of the diseased; but it is a remarkable fact that fewer of the people by far were attacked there than in southern countries. Whether this partial immunity resulted from the influence of climate, and the stronger constitutions of the Russians, or the rigid quarantine, or from a combination of these three circumstances, it is, perhaps, impossible at present to decide. In the island of Bourbon, however, where sanatory regulations were prescribed and enforced, the malady spread less extensively than in the neighboring island of Mauritius, in which these things were neglected. As the character of the inhabitants and of the climate is similar in both islands, this fact is in favor of the utility of quarantine; but the strongest evidence in support of contagion, and the propriety of enforcing quarantine, is, that the appearance of the disease in one country or district, has been generally shown to have soon succeeded to the arrival of persons from another, in which the epidemic had prevailed. In Persia, the gates of Ispahan were closed against the suspected caravan. It consequently passed through Yezd. Shortly afterwards the Cholera destroyed 7000 of the inhabitants of Yezd, while the former city escaped.

Cholera is capricious in the selection of its victims. The infirm and debilitated are its favorite subjects. Yet the best state of health will not ensure exemption. This is not opposed to our view of the proximate cause; debility renders the system more susceptible of morbid impressions,—be they sedative or be they stimulant. The black population suffers in a greater proportion than the white. It is calculated that four millions of the natives of India have been swept away by the scourge since 1817. A share of the mortality, however, may be fairly attributed to partial or total want, in a multitude of instances, of medical assistance. In one district, the population of which is about 200,000 souls, the cases of Cholera amounted to 15,945; of these, 1294 had been without medicine or medical aid, and there is reason to believe that of the number every individual perished. When proper remedial means could be supplied at an early period, and their use continued, the result was gratifying to the friends of humanity; and creditable to the profession, if the intractable nature of the malady be taken into account. The Madras army consisted of 83,336 men, European and native. During 1818, and the four succeeding years, there died $5\frac{1}{3}$ per cent. of the whole force; or $23\frac{3}{4}$ per cent. of those who had been attacked by the epidemic.

The laws of Cholera bear the impress of that presiding Intelligence who has described a circle, beyond which every species of physical evil must cease to mar the harmony of life. Were the disease to continue its ravages in the same place uninterruptedly for a series of years, it would depopulate the world. Few localities have suffered longer than four or six weeks at a time, under the worst form of the distemper, and to this succeed long intervals of safety more or less complete. It does not, moreover, promise to be a plague that will descend a miserable inheritance to many generations. Some countries, formerly afflicted, are even now returning thanks for permanent relief; and in most, the destroyer has relaxed its severity. Wherever it may next direct its course, the principal danger is to be apprehended. May its footsteps be averted from the dwellings of the poor in Great Britain and Ireland !*

MEDICAL JOURNAL.

BOSTON, AUGUST 16, 1831.

CHOLERA.

By the last accounts, no case of this disease had appeared in the British Dominions. All the documents which had been received by the government relative to this disease, were sent to the College of Physicians, for their opinions respecting the mode in which the disease is propagated, and whether they deemed quarantine regulations necessary. Their conclusions were, "that the disease is communicable by contagion from one person to another, and they do not consider it as *certain* that it may not also be transmitted by bales of goods or other merchandise; and the propriety of strict quarantine is therefore enforced." The quarantine was immediately laid.

---

* To elucidate the subject of Cholera still farther, a chart of the principal towns and countries, traversed in its geographical progress, accompanies this paper in the Englishman's Magazine. We regret not being able to present it to our readers.

A commission, consisting of Dr. Barry and Dr. Russell, of the India service, and another medical gentleman whose name we have not learnt, has been sent by the British government to Russia, to make every inquiry respecting the disease; and a Board of Health, consisting of Sir Henry Halford and eleven other highly distinguished individuals, has been established for the purpose of taking into consideration and devising the best means of managing, or preventing, if possible, the ingress of cholera into England. The vigorous and timely measures of the British government, in order to secure that country from the dreadful scourge which afflicts the eastern nations of Europe, cannot be too highly commended. We regard them with additional interest as they tend to close one of the avenues through which we might apprehend the progress of the disease to our own shores.

Very few steps have been taken as yet by the authorities in this country, with a view to prevent its approach by other channels. The Mayor of New York has issued a proclamation requiring all vessels from the ports of the Levant, Adriatic and Mediterranean Seas, east of the 15th degree of east longitude, and also from the Baltic and the ports of Denmark, to be placed in strict quarantine, and examined under the direction of the Health Officer.

In this city the subject has not been altogether overlooked. A committee of the City Council was appointed to investigate and report. The committee reported an ordinance for a quarantine on all vessels coming from ports in the Baltic;—and on Friday last it was accordingly ordered that all vessels coming from Riga, Dantzic, and Archangel, should perform quarantine for the space of forty-eight hours, and until the master shall receive a certificate from the Resident Physician that he may be discharged.

PAXTON'S ANATOMY.

We are happy to be able to inform the reader that the work of Mr. Paxton, some account of which we gave a few weeks ago, is in press by Carter, Hendee & Babcock, of this city, and will shortly be published. It contains about 280 wood-cuts illustrative of the text, and it is proposed to have these executed with great accuracy and neatness. In several other respects the deficiencies of the original work will be supplied, and a valuable and very interesting treatise on descriptive anatomy placed within easy reach of the American practitioner.

INHALATION OF CHLORINE IN PHTHISIS.

In a late number of the Archives Générales, M. Cottereau has given the details of thirteen cases, in which the inhalation of chlorine proved more or less beneficial in removing the symptoms of consumption. In some of them he regards it as having proved curative. M. C. has here stated only the bright side of the picture, and promises the reverse in a future number. When the whole shall come to us, some useful deductions may be drawn as to the power of this new and somewhat promising auxiliary in the management of a disease to which we are happy to see the attention of the faculty, at the present day, particularly directed.

SUBSTITUTE FOR BLISTERING PLASTER.

The inconvenience often attending the application, for several hours, of a common blistering plaster, is well known to us all. In children this difficulty occurs frequently ; and in adults, where the functions of the brain or nerves are in certain states of derangement, it is almost impossible to keep such a plaster in close contact with the skin long enough to produce the desired effect. It is therefore with some degree of satisfaction we notice favorable accounts of the substitution, for such plasters, of the liquid preparation proposed by Sir Charles Scudamore. This preparation is a strong solution of cantharides in concentrated acetic acid. If the surface which we wish to vesicate be smeared with this composition about two or three minutes by a common varnishing brush, the blister will rise in about four or six hours, and the discharge of serum be as free and abundant as if the part had been affected by a common plaster of cantharides.

Parts to which the usual blister is inapplicable may be vesicated by means of this liquid, and, we doubt not, its obvious advantages would lead to its exclusive use, could we once break the ice, and get out of the *habit* of prescribing the ordinary plaster. At all events, it will be a service to the profession and the public, if physicians will make trial of this method, and send us some account of the result of their experience with it.

INFLUENZA.

A severe form of this epidemic is now prevailing extensively in London and some of the adjacent towns. It is stated by the faculty of that city to be attended, besides the usual symptoms, by anxiety at the chest, tendency to faint, severe muscular pains, nausea, and an irritable state of the bowels. All these symptoms are but a milder form of some of those which attend the Indian Cholera, and would seem to mark a constitution of the atmosphere favorable to the reception of that malady.

NEW METHOD OF PROCURING ALCOHOL.

We mentioned, some time ago, that a method had been proposed for collecting the alcohol evolved during the process of baking dough ; and thus another means discovered for procuring that substance which, in our day, shares with kings and cabinets the diminished confidence of every enlightened people.

The method referred to is this. A tube is so connected with the oven that the vapor arising from the baking dough passes through it into another apartment, where it is wound into the form of a worm, and surrounded by cold water. The liquor which distils from this tube is collected and re-distilled, and yields about six drachms of pure alcohol for each quartern loaf in the oven. The advantage contemplated from this discovery is *a reduction in the price of bread.* It is said that the sale of the spirit thus obtained, will enable the baker to afford his bread at a discount of 25 per cent. on the present prices.

Thacher's Medical Biography.—On announcing this publication of our venerable friend, Dr. Johnson of the Medico-Chirurgical Review remarks—"This work contains a great fund of instructive biography, interesting even in this country, but particularly so beyond the Atlantic."

History of Medicine.—A work by Wm. Hamilton, M.B., entitled, The History of Medicine, Surgery, and Anatomy, from the creation of the world to the commencement of the 19th century, has lately been published in England. It occupies about 700 octavo pages, and, if well executed, will be a valuable addition to the medical library. It is on a subject too much neglected by the professional student. The present is said to be written in a perspicuous and eloquent style, and to be replete with amusement as well as instruction.

Whole number of deaths in Boston the week ending Aug. 4th, 20. Males, 10—Females, 10.

Of convulsions, 1—scarlet fever, 1—consumption, 2—throat distemper, 1—dropsy on the brain, 1—lung fever, 1—old age, 1—insane, 1—stoppage in the bowels, 1—enlargement of the heart, 1—canker, 1—nervous fever, 1—intemperance, 1—hooping cough, 1 unknown, 5.

ADVERTISEMENT.

MEDICAL SCHOOL IN BOSTON.

THE MEDICAL LECTURES OF HARVARD UNIVERSITY delivered in Boston will be commenced in the Autumn, at the usual period, viz., on *the third Wednesday in October.* They will be continued four months.

This extension in the term of the Lectures has been thought necessary to afford time for such a course of instruction and demonstration, as is deemed by the Faculty to be requisite, under the advantages which have recently accrued to the School.

The Legislature of Massachusetts, with an enlightened liberality, which does honor to our age and country, have extended the protection of law to the cultivation of Anatomy within this Commonwealth. The advantages which will hence result to students resorting to this school will be sufficiently obvious. It will be the aim of the Professors to carry into effect the intentions of the Legislature, in such a manner as to evince at the same time their respect for the rights of humanity, and their interest in the promotion of the healing art.

The opportunities for practical instruction at the Massachusetts General Hospital continue undiminished.

The Courses of Lectures will be,
On Anatomy and Surgery, by Dr. WARREN.
On Chemistry, by Dr. WEBSTER.
On Materia Medica, by Dr. BIGELOW.
On Obstetrics and Medical Jurisprudence, by Dr. CHANNING.
On Theory and Practice of Physic and on Clinical Medicine, by Dr. JACKSON.

WALTER CHANNING, Dean of the Faculty of Medicine.
Boston, June 15, 1831. July 19. * 6t.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

Vol. V.] TUESDAY, AUGUST 23, 1831. [No. 2.

I.

OBSERVATIONS ON ASTHMA. BY JOHN M'DIVITT.

Until a change take place in the constitution of human nature, selfishness will always continue to be the most powerful, as well as the most prevailing principle in the minds of men. It is not in the least surprising, then, that the medical man generally devotes more of his attention to the disease from which he is himself a sufferer, than to any other; that he feels particularly interested about the elucidation of its nature, and the discovery of what would best act as its remedy. Influenced by a feeling of this kind, I have been for a considerable period of time engaged in the study of asthma, a disease with which I have been long afflicted; and as my case is rather an interesting one, I have resolved to lay it, together with a few general remarks upon the nature and treatment of the affection, before the profession. Should my doing so have any effect in procuring for the subject a greater degree of attention than it has for some years past received, I shall be quite satisfied with the success of my undertaking.

I was scarcely twelve years of age when I first experienced an attack of asthma. It was brought on by my having slept during the winter in a room which had been recently erected, and the walls of which were still damp. Considered as a mere cold, which my constitution, otherwise healthy, would of itself shake off, it received but little attention; and no treatment, or at least none of an efficient character, was had recourse to for the space of between two and three years. At this period the disease became both more frequent and more violent in its attacks. Hurried and difficult respiration was the consequence of even moderate exertion; and the slightest change of temperature was sure to be very soon followed by symptoms threatening almost suffocation. Then it was that my state began to excite alarm in the minds of my friends, and that something like active remedies were employed. I was made to wear flannel next my skin; emetics and purgatives were administered; and blisters were repeatedly applied to my chest, the irritation being kept up during the intervals between them by means of heating and stimulant plaisters. This plan of treatment was followed up for a considerable time upon each recurrence of the disease; but it, instead of giving way, made rapid advances. I was often, for weeks together, obliged to pass the night in a chair, with my hands resting on a table which I had placed before me; and thus relieving respiration by calling in the aid of the pectoral and other muscles, which assist secondarily in the performance of that function. Even while moving about during the day, I was compelled to have recourse to an expedient similar in principle to this : it consisted in resting a hand on each thigh. I was thus bent into a half-stooping position ; my shoulders were drawn forwards, and nearer to each other, and my condition was altogether truly miserable. There were still, however, intervals during which I was quite free from the affection ; and these I now began to improve by taking regular exercise, paying strict attention to diet, and guarding against whatever I had learned from experience to be favorable to the recurrence of the disease. By these means my general health became greatly better, and my asthmatic attacks both less frequent and shorter in duration. When they did come on, blood was taken from my arm by the advice of a physician whom I at this time consulted. At first the blood-letting afforded me relief, by subduing the more violent symptoms, but its effects became less beneficial at every repetition, and on the whole its operation was decidedly injurious, since it tended not only to prolong the present attack, but by inducing debility, to render me more liable to be affected in future by the exciting causes of the disease.

The introduction of two setons, one in each side, which were allowed to remain in for about twelve months, gave me some benefit, but certainly not so much as to compensate for the pain and inconvenience attendant on them. After the lapse of more than three years, one of these still continued, on the remission of an attack, to throw out a small quantity of matter.

The high eulogiums which had been at one time bestowed on *digitalis* as a remedy in asthma, induced me, although its reputation had then very much declined, to give it a trial. I commenced by taking ten drops of the tincture three times a-day. The advantage which I derived from its use was strikingly great. A few minutes after it was taken, the pulse became softer, more equable, and, I think, rather fuller than before ; the sense of constriction at the root of the trachea, as well as that of oppression over the chest, became mitigated ; respiration comparatively free and easy ; and instead of its former livid and bloated appearance, the countenance assumed in a great measure its natural complexion. In order, however, that these excellent effects should continue to be produced, I found it necessary gradually to increase the dose of the medicine from one quantity to another, till at last I took not less than six drachms in the twenty-four hours. It did not from the commencement produce nausea, vertigo, or a single unpleasant symptom of any kind. Many medical men to whom I have related this part of my case, have been inclined to think that the tincture which I used could not possess the ordinary strength, but on this point I could not possibly be mistaken, as it was prepared by myself, from leaves gathered by my own hands.

I once, for more than a year, used no animal food except milk and butter ; but this restriction was far from being advantageous to me. I suffered more from the disease during the last three or four months of that time than for any similar period, either before or after. Experience, indeed, has shown me that the diet of an asthmatic should consist, not exclusively perhaps, but certainly in a great measure, of animal food.

For the last three years I have had only five attacks of the disease, and for the last twelvemonth not even one, although I have repeatedly during that time been exposed to the action of causes by which the affection scarcely ever before failed to be excited.

I consider my case, as above related, interesting in more than one point of view. In the first place, asthma does not often attack subjects so young as I was when I first experienced it, and when it does, its violence is very seldom so great.

Secondly, it shows that blisters, setons, &c. with which many medical men are so fond of torturing their patients, though undoubtedly capable of abating the severity of the symptoms, can by no means, however, radically cure the disease. It becomes a question, then, whether the good that they effect be sufficient to make amends for the sufferings which they produce. I have not the slightest hesitation in affirming the negative of this proposition: not that I do not think the *occasional* application of a blister, for the purpose of subduing existing inflammation, quite proper. It is the *frequent repetition* of them, after this object has been attained, with the view of preventing *future* attacks, or of eradicating the disease, which I condemn as, to say the best of it, an unavailing practice.

Thirdly, my case proves, as far almost as a single case can, the impropriety of having recourse to the lancet upon every fresh attack of the disease; but upon this point there is now scarcely any difference of opinion amongst medical men.

The last point to which I shall refer is one which claims considerable attention. It is the great benefit which was derived from the *digitalis*, and the large quantity of that medicine which was taken without the occurrence of a single unpleasant symptom. I have often since that time tried the medicine in other cases, though never to so great an extent; and I can confidently say that its virtues, as a remedy in asthma, entitle it to much more consideration than what it at present receives.

As a difference of opinion exists among the profession respecting the nature of asthma, and its *proximate cause*, I shall here briefly state the conclusions with respect to these subjects, to which a good deal of study and experience have brought me; and shall likewise offer some further observations upon the *treatment* of the disease.

Two theories of asthma have been proposed. According to one of these, it is a peculiar nervous affection, by which spasm of the *bronchiæ* is produced, and by which the respiratory muscles are rendered inadequate to a due performance of their office; while the other ascribes all the symptoms which asthma presents to an excessive effusion of mucus, by which the bronchial tubes are partially obstructed. Now the former of these theories, though supported by the high names of Willis, Hoffman, Hoyer, Cullen, &c., appears to me to throw no light whatever on the nature of the affection: in fact, so entirely ignorant are we of the manner in which the nerves perform their functions, that any attempt to explain the nature of a disease by referring it to a morbid condition of them, seldom serves any other purpose than to throw the subject into still greater obscurity. The other theory, as proposed, and so ably supported by Dr. Bree, is certainly much more satisfactory; but it must, while we grant this, be at the same time acknowledged that facts exist which prove incontrovertibly that excessive secretion of mucus cannot itself be the cause of the disease. In that species, for instance, which is denominated *dry asthma*, there is little or no expectoration; and in the first stage even of the *moist*, the quantity of mucus thrown out by the vessels of the bronchiæ is deficient rather than excessive.

After seeing so many men of eminence fail in their efforts to explain the nature of asthma, I should certainly never have thought of prosecuting the inquiry myself, were it not for the intense interest which, from selfish considerations, the subject excited in me. I have reason, however, to think that the study which I have bestowed upon it has not been entirely fruitless. But I shall at once state the conclusions at which I have arrived, and leave the profession to decide as to their accuracy.

Asthma appears to me to consist, simply and solely, in inflammation of the mucous membrane lining the trachea and bronchial tubes. By this view of the disease, we will be enabled, I think, to account for the various symptoms which, in its different stages, it presents, in a manner more rational, and more satisfactory, than by any which has been previously taken of it. The sense of constriction at the lower part of the trachea, just where it begins to fork, the feeling of tension and oppression over the chest, as well as the general feverish state of the system, all indicate the existence of inflammation so plainly as to render it a matter of surprise that, in forming their theories of asthma, authors should have almost entirely overlooked its inflammatory nature. The symptoms which show themselves as the disease proceeds, point, if possible, still more directly to inflammation as their cause. Thus the dry and parched state of the respiratory canal, the burning sensation which, in addition to that of constriction, is soon felt at the root of the trachea, the dull deep-seated pain which exists over the chest, are all together explicable in no other way than by supposing the mucous membrane of the trachea, and bronchial tubes, to be in a state of actual inflammation. The shrill wheezing noise which respiration now produces is owing to two causes, namely, to the unnaturally dry condition of the mucous membrane, and to its being considerably swelled and thickened, so as to render the canal narrower than it is in a healthy state.

The period during which the symptoms of which I have lastly been speaking make their appearance, may be considered as the second stage of the disease; and comprehends that interval which exists between the time when the inflammatory action has become fully established, and that when it has reached its crisis. Soon after this happens, a very considerable change ensues. A copious secretion of mucus takes place; the wheezing noise is not so shrill and so sonorous as before; but respiration is much more difficult, owing, undoubtedly, to the air cells being partially obstructed with mucus, which at once refuses entrance to the ordinary quantity of air, and, by thickly coating the walls of the cells, prevents that which does enter from completely exercising its influence on the blood. The effects of this are soon visible in the excessive languor which ensues, as well as in the livid appearance of the countenance and the extremities. In such a state a patient could not exist long; but fortunately a highly-beneficial change is on the very point of taking place. No sooner are the vessels of the mucous membrane relieved of their distention by the quantity of secretion which they have thrown out, than the respiratory muscles which, sympathetically affected by the inflammation, had become rigid and inactive, regain their vigor, and by forcible and frequently-repeated efforts, effect an expectoration of that secretion. In proportion as this is done, respiration becomes easier; the blood undergoes more perfectly that change, whatever it is, which is so essential to life; the skin loses its blue and livid color; the patient feels relieved; and his mind, previously depressed and desponding, becomes buoyant, active, and oftentimes cheerful to extravagance.

It almost universally happens, that whenever a person has been once affected with true asthma, such as that which I have described, he is subject during the rest of his life to a recurrence of it. This is one reason why the nervous system, by the aid of which the theorist always attempts to explain whatever he himself does not understand, has been so generally regarded as the seat of the disease. But it is well known, that when any organ has been once attacked by inflammation, there is created in it a disposition to inflammatory action, which becomes increased every time that such action is re-excited in it. If this be true, as every one must grant it to be with respect to the liver, the tonsils, &c., is there any cause why it should not be so with respect to mucous membranes likewise? I, for my part, am not acquainted with any. I perceive, on the contrary, the same truth to hold with respect to the mucous membrane lining the urinary canal; and I cannot possibly see why the analogy should not extend to that which lines the respiratory.

In attempting to show how utterly inadequate to explain the nature of asthma the nervous theory is, I by no means intended to assert that the nerves are entirely unconcerned in the disease. What I meant to say is, that the nerves are not more affected in asthma than they are in any other inflammatory affection.

There is one circumstance which, at first view, may appear quite inexplicable, if asthma be considered as mere inflammation of the mucous membrane lining the bronchial tubes. The circumstance to which I allude is the comparative freedom in breathing which the asthmatic experiences during the day. How, it may be said, taking that view of the question which has been proposed, are we to account for such an intermission? Does the inflammation, like the spirits of which we have heard so much in childhood, fly off as soon as the cock crows? The objection certainly seems a powerful one; but it loses its validity when we consider, that the changed state of the atmosphere during night is quite sufficient to account for the greater violence which the symptoms then assume.

Having seen that asthma is purely an inflammatory affection, it might be expected that general blood-letting ought to supersede every other remedial measure, at least in all cases where the patients are strong, and in other respects healthy. But if, relying on this expectation, a practitioner were to use the lancet thus freely, his practice would turn out anything else than successful. Not that there may not occur cases in which, either from a very plethoric state of the patient, from unusual violence in the disease itself, or from its being complicated with some other inflammatory affection, general blood-letting may become necessary. But even in such cases, its utility consists solely in substituting for the evils to which the disease, if unchecked, would lead, other less ones of which it is itself the cause, namely, a more protracted recovery from the present attack, and a greater liability to a recurrence of the affection. Surely, then, general blood-letting should never be practised in asthma, unless when the urgency of the symptoms absolutely demands it. But the truth of this proposition by no means disproves the inflammatory nature of asthma. We know that in inflammation of the other mucous membranes patients usually bear the abstraction of blood very badly. This has been often observed with respect to the mucous membrane of the intestines. When it is inflamed, the loss of ten or twelve ounces of blood will produce fainting in a patient, who, if the serous membrane were the seat of the inflammation, would bear to lose twenty or twenty-five ounces, without being much affected. Of the cause of this difference we are totally ignorant. The fact itself, however, is sufficient for my purpose.

Although but very few cases of asthma require general blood-letting, or are benefited by it, yet there is scarcely one in which great advantage may not be derived from the abstraction of blood locally. A number of leeches applied under each clavicle, as well as above the sternum, will most frequently be productive of speedy and extensive relief. Fomenting the throat too; or, what is still better, inhaling the steam arising from a mixture of hot water and vinegar, has a most excellent effect in soothing the irritability of the mucous membrane, relaxing the tension produced by the fulness of its vessels, and either subduing the inflammation entirely, or bringing it sooner to a crisis. Of the inhalation of iodine, oxygen, &c. I can say nothing from experience.

Emetics, I believe, are seldom useful, and never requisite in asthma. Indeed, in most of the affections in which they are, or used to be employed, their operation is anything but advantageous. The unnatural action which they induce in the stomach, and in the upper portion of the intestines, generally leaves behind it a weakness and want of tone, which are by no means easily remedied. I have often heard a patient complain, six or eight weeks after he has taken an emetic, that, ever since that time, he has been distressed with a sinking sensation of the stomach; that his appetite has been bad; and that his bowels have been very much deranged, being now excessively purged, and at another time obstinately costive; and, on looking at his tongue, I have found it covered with a dirty, clammy fur, of unusual thickness. When, therefore, there exists in asthma, as there generally does, a disordered state of the stomach and bowels, a simple saline purgative or two will be found of much more advantage than an emetic. Indeed, in the case of young patients, I have not unfrequently seen an attack of the disease completely arrested by the administration of rather a large dose of sulphate of magnesia, or of Glauber's salt.

After what I have said in the relation of my case respecting the good effects of the *digitalis*, it is quite unnecessary for me to recommend it here. On the use of antimonials, Dover's powder, &c. in asthma, as nauseating and diaphoretic medicines, I shall say nothing; as their utility in inflammatory affections of every kind is well known, and almost universally acknowledged.

Not many years since it was the common practice to administer in asthma a number of medicines, which, from their antispasmodic qualities, were considered highly beneficial in that disease. This practice, the offspring of a most erroneous theory, has now fallen into pretty general disuse; for experience has shown, that such medicines, by their stimulant powers, only aggravate the symptoms. There is, however, one species of the disease in which they are probably useful. The species to which I allude is that which is usually denominated *dry*, but which might very properly be termed *chronic* asthma. It is most frequently met with in persons advanced in life, many of whom were, in early years, sufferers from the more acute form of the disease. Its symptoms are comparatively mild, but it very seldom has anything like perfect remissions. It is often relieved by *galbanum*, *assafœtida*, or *ammoniacum*.

I have never, I regret to say, had an opportunity of examining after death the bodies of asthmatics. I have, therefore, in the above observations, referred solely to the symptoms during life for proofs of the correctness of my opinions. The further evidence in their favor, which may be drawn from the *exciting causes* of the affection, is so likely to obtain due estimation from all who turn their thoughts to the subject, that I have thought it unnecessary to insist upon it.*

II.

OBSERVATIONS ON DROPSY. BY HUGH HUGER TOLAND, M.D. OF SOUTH CAROLINA.

MAN in a rude and unpolished state, deprived of all the luxuries of life, and scarcely able to obtain a comfortable existence, whose intellectual faculties are uncultivated, and exert comparatively little influence over the physical energies of the system, is, as far as I have been able to ascertain, almost entirely exempt from dropsical affections. But when we take a view of him in a state of civilization the scene is reversed. Being tenderly raised and subject to the wrecking influence of inordinate repletion, stimulating potations, inactivity of body, mental excitement, and other causes of a local and accidental nature, he is rendered obnoxious to this and many other diseases of a complicated character, for the removal or palliation of which many remedies are required, and great skill in their administration called for.

Although the subject of this paper has received much attention, and physicians of the greatest respectability have been engaged in its investigation; and although much benefit has resulted to the unfortunate victims of this disease, by their unwearied exertions, something more yet remains to be done in order to enable them to treat successfully all its aggravated forms. In some of these publications, the treatment of this disease is detailed in a manner calculated to inspire great confidence ; but when resorted to in a complicated case, it fails, and but too often under the joint influence of all the remedies recommended, it progresses regularly to a fatal termination.

---

* London Medical Gazette.

Some writers suppose dropsy to be hereditary ; and it certainly as well deserves this appellation as most other diseases ; persons of a phlegmatic temperament being most liable when placed under the circumstances producing it. As exciting causes, have been enumerated every circumstance calculated in any way to produce a feebleness of constitution. But I am disposed to doubt the correctness of this opinion ; having never seen a case of ascites, or general anasarca, in which considerable chylopoietic derangement did not exist : one or more of the vital organs having refused obedience to the laws by which they are governed in a healthy state. Moreover, the well-known effects of intemperance, and neglected or mal-treated febrile diseases —the most fruitful causes of dropsy —should in my humble opinion be sufficient to convince every one at all conversant with the subject, that a case of idiopathic dropsy rarely occurs.

Almost every case which has come under my notice, could be proved satisfactorily to have depended on one or all of the causes above mentioned ; all of which produce an unsoundness of the digestive organs, by which the fluids are vitiated, the system badly nourished, and the circulation disturbed.

In the section of the country where I lately resided, intermittent fever prevailed extensively, during the summer and autumnal months ; and almost every person of a phlegmatic temperament, who suffered the disease to take its course uncontrolled, was afflicted with ascites, or anasarca, or both. Great enlargement and induration of the spleen, with pain in that region, more particularly whilst exercising, were invariable concomitants. Occasionally a sense of fulness in the right hypochondriac region, and sometimes pain, extending into the right shoulder, attended, with want of appetite and other symptoms of gastric derangement.

The modus operandi of constitutional derangement in producing the diseases under consideration, is yet a matter of doubt. A want of balance does certainly exist between the absorbent and exhalant systems ; but whether it is owing to an increased action in the exhalants, or to a torpidity of the absorbents, or both ; or how the local determinations above mentioned produce the disease in some, although not predisposed, whilst others, similarly situated, escape, are questions which necessarily arise. It is enough for us to know that they are symptomatic diseases. To treat them successfully, the loss of balance from which the effects, ascites and anasarca, arise, must be corrected before the disease can be permanently removed. If some organ or organs are in a state of chronic inflammation, or of slight enlargement, with attendant functional derangement, our treatment should be directed accordingly, whilst at the same time we use the necessary means to remove the effects already produced. If we are successful in removing the cause and effects, by the same, or a combination of remedies, disease no longer exists.

Persons of a phlegmatic temperament appear to be most liable to enlarged states of the abdominal organs, which is probably owing, in some degree, to the relaxed condition of the vascular system, yielding to the unequal distribution of blood, which takes place in febrile diseases. In such cases, after the operation of cathartics, and the removal of the water, chalybeates are highly serviceable.

Being frequently unsuccessful with the common remedies employed in this disease, and supposing this want of success depended on the treatment being directed to remove a symptom rather than the disease itself; knowing, moreover, the inefficacy of most of the remedies used in removing the cause, and being fully convinced that calomel in large doses possessed properties combined in no other article, to whose pervading influence every tissue of the human system yields submissively, and acknowledges its control,—to it alone we look with confidence for the adjustment of that lost balance, and for the restoration of that harmony of action, which in each, and every part, or sub-system, is so essential to the well-being of the whole. I supposed, moreover, that if an active diuretic could be combined with it, and administered in such a manner that the functional derangement could be corrected, and the fluid discharged, before ptyalism was produced, that we would be in possession of a remedy to which we might resort with great confidence of success, in the most aggravated forms of dropsy.

Under these views the first case which presented was ascites, with œdema of the lower extremities, with no external marks of inflammation; an enlargement of the spleen with gastric derangement attended. It succeeded an attack of intermittent fever. Fifteen grains of calomel and four of squills were administered three times a day, which operated seven or eight times, daily, as a cathartic, producing bilious passages; and in seventy-two hours from the administration of the first dose, the hydropic collection was entirely removed, by the powerful diuretic and purgative effects of the compound. The carbonate of iron freely administered, combined with aromatics, prevented a relapse, and the recovery was rapid.

Being encouraged by the happy termination of the case above mentioned, the same remedies were administered subsequently with equally good effects. And in every trial which was made I was more convinced of their superior efficacy over every other plan of treatment recommended in such cases.

In cases where an inflammatory diathesis existed, relief was generally afforded by the calomel and squill as above directed, it having been rarely necessary to use more active depletory measures. Relapses, however, frequently occurred, and it was found necessary to resort to the medicines frequently, to give relief, and to correct the local affections which remained. During the intervals, counter irritants, laxatives, and the tinct. sanguinariæ canadensis, were found beneficial. The last is a medicine which deserves more attention than it has received from the profession. My attention was particularly directed to its use by the recommendation given it by an eminent practitioner who considered it superior to every other remedy in diseases of the liver and spleen, calomel not excepted, and also by the frequent use made of it by the country people for the cure of intermittent fever, and enlarged spleen, which they call ague-cake.

Although I do not entertain so high an opinion of its virtues as the physician spoken of above, I know no remedy better calculated to relieve a patient with œdema of the lower extremities, and an enlargement of the spleen, than the saturated tincture of sanguinaria given in as large doses as the stomach will bear, three times a day; ʒi. is a suitable dose for most persons.

The quantities of calomel and squills, above recommended, will not always have the desired effect upon the bowels. If they fail to operate seven or eight times in twenty-four hours, the quantity should be increased—if they are too active, diminished — which, however, will seldom be found necessary. Active purgation seems greatly to enhance the diuretic properties of the compound. Some persons may suppose that the stomach would not retain the doses of squill recommended. In all the trials made with it, I have never seen it rejected. Even in five grain doses, it nauseates very little. Perhaps in the form of pills would be the most agreeable way to administer it.

It certainly would be an extravagant, and also an unwarrantable assertion, if I were to say that this, or any other plan of treatment, will always be successful. But I do think that it is by far the most successful mode of treating ascites and anasarca. It is much more prompt and certain in its operation than the same medicines used in the common way; which if continued long without giving relief, as is often the case, generally salivates, an effect which I have never seen produced by the large doses of calomel recommended. When ptyalism does take place, it is injurious, because it prevents the continued use of the medicine without conferring any benefit whatever, never having seen any advantage obtained by salivating a patient in dropsy before the evacuation of the water.

Some practitioners use hydragogue cathartics daily, until relief is obtained, which probably will require ten or twelve active cathartics, and by their use the patient is so much exhausted, that a relapse almost invariably takes place, although tonics may be freely administered. The digitalis, as it is frequently found in the shops, is so insignificant a remedy, that it scarcely deserves notice. Having had but one case of hydrothorax, and that in the advanced stage, in the person of a sot, who had made a business of drinking spirituous liquors for twenty or thirty years, I am not able to say whether the same success would attend this plan of treatment in that form of dropsy as in ascites and anasarca.

The squill that was used was dried in an iron mortar, placed near the fire, pulverized and confined closely in phials.*

III.

TALIACOTIAN OPERATION FOR RESTORATION OF THE UNDER LIP.

BY C. BRYCE, M.D.

In July last the Hakim-Bashi sent me, at Constantinople, the following singular case of destruction, by mortification, of the under lip and chin, which, from the success following the treatment pursued, seems worthy of notice.

The subject of it, a Turkish child, three years old, was attacked, in June preceding, with scarlet fever, that spread sparingly over the body, and in which the mouth and throat were aphthous, but not ulcerated, disappearing by the use of a wine gargle and laxatives. The subsequent affection of the mouth was preceded by much fever and restlessness, and appeared in a small pustule on the left commissure of the mouth, which became rapidly black, and opened, discharging an offensive sanies; the gums at the same time were discolored, and bled on the child's crying. The sore formed on the outside of the mouth spread quickly downward and laterally; and on the seventh day of the disease, when the patient was first brought to me, the whole of the under lip and chin presented a fetid, black, irregular-shaped slough, surrounded by a broad dark-colored line of inflammation, marking the threatened progress of the disease on the integuments, the left cheek, and upper lip, which were painful and hard. The incisors of the lower jaw were loose, their gums and alveoli partaking of the affection, and by contact involving the lip and anterior edges of the tongue. The tongue was œdematous and loaded, but the fauces showed no appearance of unhealthiness. The countenance had a peculiar livid color; body dry and hot; pulse small and rapid; diarrhœa.

---

* Transylvania Medical Journal.

From certain circumstances, an emollient poultice to the sore, and frequent ablutions of the mouth, and a few drops of laudanum internally, were all that could be recommended at this period. On the third day's visit, and tenth of the disease, observing the rapid progressive destruction of the integuments, the gangrenous parts were touched with diluted nitric acid, and sulphate of quinia with opium were exhibited. This external treatment, twice repeated in thirty-six hours, did not in any measure arrest the spreading of the mortification, which had now involved an inch and a half in circumference of the left cheek and upper lip, and extended downwards under the chin. The diarrhœa was checked, and the child had enjoyed some hours of sleep, but was evidently sinking. It was now determined on to apply a fermenting poultice over the diseased parts, and to administer pills composed of quinine, camphor, and hyoscyamus, in large doses, and allow 8 oz. of porter daily. This plan, after forty-eight hours' continuance, showed a marked improvement in the patient: the mortification had made no further progress for the last eighteen hours; the slough was partially detached; whilst the look of the child was improved, with a slower and fuller pulse. The poultice and porter were continued as before, as were the pills, reduced in strength. In a few days the slough was totally separated, leaving a florid granulating surface. The integuments had assumed their natural color and feel; four incisors and two canine teeth, with fragments of alveoli, were removed, as were also three small exfoliations from the under maxillary bone. The tongue had thrown off its slough, and appeared healthy.

The only treatment practicable for the moment, was to encourage granulations by spirituous applications, and support and diminish the loss of substance by compresses and bandages, whilst the general health of the child was improved by liberal diet and change of air. In six weeks a healthy cicatrix had formed, and the breach of continuity was much lessened by its contractions. It was now very evident that a complete, or even partial, reparation of the great destruction of the soft parts, could be promised only by an operation, the necessity for which arose as much from the disagreeable deformity of the face as from the evident ill effects on the system that the constant flow of saliva occasioned. The writer was encouraged to this attempt by the very perfect success of a Taliacotian nose, made a short time before by him at Constantinople. The operation, in which he was assisted by the advice and skill of his intelligent friend Mr. Millingen, was performed by removing from the upper part of the throat a triangular portion of integuments, whose suitable form and size had been judged of, by measuring a model of the lip and chin adapted to the deficiency. This segment was now reflected, the twist being made immediately on the point of the chin, and its two angular points attached by ligatures to the commissures of the mouth, previously made bare by scarifications, as was also the whole of the former cicatrized surface. The flap was further supported by adhesive plaster and bandage, and the wound on the throat brought together by the same means. The parents were directed to keep the child in a recumbent posture, and to feed her sparingly on pap. The wound was looked at on the third day;—on the fifth the dressings were changed, when adhesion had taken place on one side very completely, and on the other, although the ligatures had cut through, there was no opening of the wound: there existed no symptoms of excessive inflammation of the parts, or of irritation of the system. In fifteen days the cicatrices were perfectly formed, and the wound on the throat almost closed. On closing the mouth, the artificial lip seemed very well adapted to the other, and even when partially opened retained the saliva, and very materially diminished the unseemliness of features. It cannot be yet determined whether or not the second set of teeth, with their alveoli, have been so much destroyed as to prevent the great help derivable from their growth, by supporting the flaccid flap. On the whole, the result of the operation was very satisfactory, especially at Constantinople, by exalting the practice and utility of surgery amongst the Turks, and encouraging them to submit to operations beyond the barber's province of bleeding and tooth-drawing.—*Glasgow Med. Journ.*

MEDICAL JOURNAL.

BOSTON, AUGUST 23, 1831.

RABIES.

The cry of mad dog seems in a good measure to have ceased. The war against the canine race, which threatened to be a war of extermination, has given place, if not to a peace, at least to a cessation of hostilities; and such of these quadrupeds as deport themselves with decency, are now likely to be left in the unmolested enjoyment of their lives and liberty. Hydrophobia no longer haunts the imagination of the timid, or exercises the ingenuity of the wise; neither supplies the press with its horrors, or the social circle with its prevalent topic. Yet it cannot be supposed that a subject lately regarded with so intense an interest, should be viewed with entire indifference. There are very few diseases which assail mankind, more mysterious in their origin, more rapid in their progress, more fatal in their termination; and there are few, we are persuaded, about which curiosity is so much called forth and so imperfectly satisfied. We propose, therefore, at the risk of being tedious to our more scientific readers, to consider some of those questions in regard to canine rabies which most frequently arise in conversing on the subject, and to which the ordinary sources of information do not furnish complete or satisfactory answers.

1. How long has hydrophobia existed?—Some authors assign to this disease a very high antiquity. Sprengel, the learned professor at Hallé, refers it back to the period in which the fables of the Greeks had their origin. He thinks the tradition of Actæon devoured by his own dogs ought to be explained by a reference to this disease. However this may be, no description of hydrophobia appears in Hippocrates. Aristotle, who flourished later, says expressly that animals are liable to be attacked with madness, but that men who are bitten by them are not affected with any specific disease. According to Plutarch, however, it began to show itself in man about the time of Alexander. Celsus furnishes a very animated and accurate account of its symptoms, and at a later period it is mentioned by Dioscorides, by Pliny the elder, by Galen, and Cælius Aurelianus. The last author is, of all the ancients, the one who has furnished most details on this interesting subject.

2. What animals are subject to rabies, and what are the laws which regulate its propagation?—The only animals which are certainly known to develope spontaneously signs of rabies, are dogs, wolves, foxes and cats. This list has by some authors been greatly extended, and made to include cows, pigs, horses, and even man. On the whole, however, the weight of authority is decidedly in favor of the restriction just mentioned.

In regard to its propagation, it cannot be questioned that the above animals are capable of communicating it to those of their own species, to other quadrupeds, and to man. On this point there is no diversity of opinion. It seems highly probable, also, from experiments which have been made on the subject, that birds will receive it by inoculation.

On the other hand, as far as can be learned from observation, or has been ascertained from experiment, other species of animals than those above mentioned are not capable of communicating rabies. Experiments made with the saliva of rabid sheep and cows have shown that it was innocuous when applied to wounds in other animals; and where the disease has attacked sheep, it has not been observed to spread from one to another in the same flock.

Can hydrophobia be communicated by man?—We believe there is no well-authenticated instance on record, in which an individual affected with this disease has communicated it to any of the attendants. The apprehension which is often felt on this score seems to be without foundation; and the more so, as it is very rare that any disposition is manifested by rabid patients to injure others. We are indeed told of instances in which hydrophobic persons have warned their friends to keep at a distance, lest they should do them injury during the paroxysm by biting. But this would only prove that a prejudice of this sort is very common, and that it has extended itself to those suffering with the disease, as well as to others. The experiment has frequently been tried, whether by inoculating animals with saliva taken from rabid patients the disease could be given to animals. Of these experiments, very carefully performed by the most eminent pathologists, only one was attended with any positive result. In this, which took place at the Hotel Dieu, in Paris, in the year 1813, a piece of linen was moistened with the saliva of a man affected with hydrophobia, a few hours only before his death. Two dogs, previously in good health, were inoculated immediately. One of them became mad five weeks afterward, and bit another, which also run mad. This fact, which is extremely well authenticated, includes all the testimony we possess in favor of the communication of rabies by the human subject.

3. Can rabies be conveyed by the bite of an animal not itself rabid?—It is easy to conceive, à priori, that other causes, independently of the existence of madness, might so modify the secretions of an animal as to make it capable of communicating this disease; and it has accordingly been asserted that animals, and even men, when affected with diseases simply enraged, have been known to produce rabies by biting. Neither are facts wanting, either in the records of early or later times, to confirm this idea. Malpighi mentions the death of his mother, who became rabid from being bitten by her daughter in a fit of epilepsy; and in the Ephemerides Curiosorum it is related that a man, who had bitten off one of his own fingers in a transport of rage, had symptoms of madness the next day, and died soon after. But notwithstanding these and some other marvellous stories, we must acknowledge that the occurrence of rabies from this cause is very unlikely. If a bite from an enraged animal were a sufficient cause of rabies, instances could scarcely fail to come under our daily observation, in which dogs, bitten by each other in the streets, or men or children, wounded by domestic animals with whom they had imprudently played too roughly, would exhibit the disease; and the extreme rarity, or rather entire absence of such cases, makes the supposition itself extremely improbable.

4. What are the remote causes of canine rabies, and the circumstances which particularly favor its production?—Various attempts have been made to determine the question in what manner this disease is influenced by varieties of climate and season. These have however been hitherto attended with very limited success, and the facts which are known lead to no certain result. It has been supposed that great and continued heat was favorable to the production of rabies; and according to this notion it ought to be most prevalent in

tropical countries. But this supposition is contradicted by so many facts, related on the authority of residents in these climates, as to be wholly untenable. Syria, Egypt, the Cape of Good Hope, and the West Indies, are among those countries most exempted from this disease. It is equally impossible to adduce any sufficient evidence that extreme and continued cold is peculiarly favorable to its production, since neither in the higher latitudes of Europe nor of this country is it more prevalent than in temperate regions.

As respects the influence of season, there is nearly equal uncertainty. We are indeed accustomed to regard it as a disease of hot weather, and the limited observations made among us serve to confirm this idea. In other countries, however, and particularly in France, where accurate observations have been made for a series of years, the variation in the degree of the disease at different seasons by no means corresponds to this supposition. It even appears from these observations that in the month of January, which is the coldest in the year, and that of August, the warmest, the cases of rabies are less frequent than in any other months in the year.

Of the other remote causes which have been assigned as capable of producing the disease in dogs, it will be sufficient to mention hunger, thirst, and the bad quality of food. That these causes have a tendency to produce madness, is at least a very common impression. Even this, however, is not sustained by facts. Dogs suffer much from thirst in hot countries without becoming mad. Nor is this all. The experiment has been tried of confining these animals from food and water, and subjecting them to the most putrid exhalations, yet without producing in any instance a symptom of madness. We are obliged therefore to come to the conclusion, that the remote causes which give rise to canine rabies are nearly or quite unknown.

COMPRESSION IN DROPSY.

M. Gozelle, of Soissons, has published, in the Revue Medicale, some cases of abdominal dropsy, in which the steady employment of compression proved completely successful. The mechanical arrangement employed, consisted merely of a broad band, made to pass round the abdomen, and gradually tightened as the reduction of size admitted. The symptom at first apprehended, namely, disturbance in the respiration from the increased pressure of the fluid on the diaphragm, did not take place. The cure was nearly independent of other remedies, and appeared to be complete.

Antidote to the Nitrate of Silver.—It may not be very generally known that the muriate of soda—common salt—is an antidote to the nitrate of silver, effectually decomposing it, and giving rise to the formation of a chlorate of silver.

Season of Green Fruit. — The deaths in Philadelphia last week amounted to the number of 116, including *thirty* children by cholera.

The *unity* which will be remarked in our bill of mortality, is a sufficiently clear indication of the large share of health now enjoyed in Boston. For the season it is uncommon.—The rumor that a recent and sudden death at the South End was occasioned by the Indian Cholera, we are authorized by the attending physician in the case to say is wholly without foundation. Many false reports of this kind will doubtless arise, from the vague manner in which the single term *Cholera* is used to signify bilious cholera, the cholera of infants, and some other disorders of the stomach and bowels not uncommon in hot seasons.

Whole number of deaths in Boston the week ending Aug. 12th, 21. Males, 12—Females, 9.

Of dropsy, 1--dropsy on the brain, 2--inflammation in the bowels, 2--lung fever, 1—consumption 3--accidental, 1--convulsions, 1--dysentery, 1—spasm, 1—croup, 1—rupture, 1--cholera, 1--intemperance, 1--fever, 1—cramp, 1--bilious colic, 1--unknown, 1.

ADVERTISEMENTS.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures, in this Institution, will commence on the first Thursday of September, and continue fourteen weeks. The Trustees have made ample provision for the accommodation of students. The addition of a Demonstrator of Anatomy will afford great facilities for the acquisition of knowledge in that important branch of Medical Science. The expense of the whole course will not be increased. Medical Degrees are conferred at the close of the Lectures in December, and at the annual Commencement of Williams College, with which this Institution is connected. The examination for medical degrees begins on the Wednesday preceding the close of the Lecture Term.

H. H. CHILDS, M.D., *Professor of Theory and Practice of Medicine.*
S. W. WILLIAMS, M.D., *Professor of Medical Jurisprudence.*
S. P. WHITE, M.D., *Professor of Theoretical and Operative Surgery.*
C. B. COVENTRY, M.D., *Professor of Materia Medica and Obstetrics.*
W. PARKER, M.D., *Professor of Anatomy and Physiology.*
C. DEWEY, M.D., *Professor of Chemistry, Botany, and Natural Philosophy.*
EDWARD F. SING, *Demonstrator of Anatomy.*

Board, including washing, lodging, and room, $ 1,75 a week. Aug. 23—4t.

MEDICAL SCHOOL IN BOSTON.

THE MEDICAL LECTURES OF HARVARD UNIVERSITY delivered in Boston will be commenced in the Autumn, at the usual period, viz., on *the third Wednesday in October.* They will be continued four months.

This extension in the term of the Lectures has been thought necessary to afford time for such a course of instruction and demonstration, as is deemed by the Faculty to be requisite, under the advantages which have recently accrued to the School.

The Legislature of Massachusetts, with an enlightened liberality, which does honor to our age and country, have extended the protection of law to the cultivation of Anatomy within this Commonwealth. The advantages which will hence result to students resorting to this school will be sufficiently obvious. It will be the aim of the Professors to carry into effect the intentions of the Legislature, in such a manner as to evince at the same time their respect for the rights of humanity, and their interest in the promotion of the healing art.

The opportunities for practical instruction at the Massachusetts General Hospital continue undiminished.

The Courses of Lectures will be,
On Anatomy and Surgery, by Dr. WARREN.
On Chemistry, by Dr. WEBSTER.
On Materia Medica, by Dr. BIGELOW.
On Obstetrics and Medical Jurisprudence, by Dr. CHANNING.
On Theory and Practice of Physic and on Clinical Medicine, by Dr. JACKSON.

WALTER CHANNING, Dean of the Faculty of Medicine.
Boston, June 15, 1831. July 19. * 6t.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

Vol. V.] TUESDAY, AUGUST 30, 1831. [No. 3.

I.

OPIUM IN INFLAMMATION.—ON THE BENEFICIAL EFFECTS OF THE EXTERNAL APPLICATION OF OPIUM IN INFLAMMATORY DISEASES. BY DR. BOW.

In the work I lately published on the "Nature of Fever," I endeavored to draw attention to the external application of opium in that disease, as also in some inflammatory affections of the chest. I there stated my belief to be, that one of the effects of opium so applied was to increase the contractile force of the arterial system; and, indeed, unless I am very much deceived, the experiments I detailed authorise me to say that such is its effect. However, impressed with this belief, it appeared to me that great benefit ought to be derived from its application in every case of congestion of the capillaries; and, being already satisfied with its operation where such congestion was general, and consequently slight, as in fever, I determined to trust to it also when local, as in inflammation. I will now, with your permission, transcribe a few cases from my note-book, in which the success of the plan exceeded my anticipations.

Case I. 14th February, 1831.—Darling, aged nine months, was reported at noon, by Mr. Tender,* to be laboring under bronchitis. I immediately proceeded with him to the patient; found the breathing difficult, the inspirations being short and frequent, accompanied with a wheezing noise; the face very pale, the lips having a purple tinge; skin exceedingly hot; hoarseness of the voice when the child cried; pulse rapid. The child had been ill for some days, but the mother, thinking that nothing ailed it except a common cold, did not become alarmed until this morning. Nothing had been prescribed before I saw it. Two grains of calomel were given, and the breast and back rubbed with rather more than a drachm of opiate liniment.*

The calomel was rejected from the stomach almost as soon as taken. After the application of the liniment, the child fell into a sound sleep: at two o'clock he awoke, and sucked greedily; and at our visit, a little after two, we found him in a profuse perspiration, the voice perfectly free from hoarseness, and the breathing comparatively easy. At four o'clock, the breathing had again become difficult, but, in degree, nothing equal to what it was in the morning: the calomel and liniment were repeated. At six o'clock, the child seemed calm and contented; the eyes were sprightly, and some color had returned to the cheeks. A portion of liniment was left with the mother, with orders to apply it, should the breathing again become hurried.

---

* Resident surgeon, Alnwick Dispensary.

* R. Opii ʒi.; Linim. Camph. c ℥i. Digere per dies aliquot et effunde linimentum.

15th February.—About three o'clock this morning the liniment was applied, as the mother thought the state of the breathing required it. At our visit at ten A. M., we found that the bowels had been twice moved: the effect of the calomel. The child seemed quite well, and therefore nothing was prescribed. At seven P. M. the child continued well. At the request of the mother, a portion of the liniment was left, to be applied if required.

16th.—The liniment was not applied. Cured.

II. 16th February, 1831.—E. Race, aged ten months. Visited this child to-day, in company with Mr. Fender, at eleven A. M.: there was great heat of skin; restlessness; difficult breathing, with wheezing; paleness of the face; purple hue of the lips; lividity around the mouth; pulse 160, or more, (it was difficult to count it.) The mother said that the breathing had been so difficult at intervals during the last two nights, that she thought the child would have expired. A drachm and a half of liniment was ordered, which Mr. Fender applied before we left the house.

At one o'clock, the child slept soundly; pulse 120. The respirations, which, at our first visit, could not be numbered, owing to the restlessness of the little patient, were now ninety-six in the minute; skin comparatively cool. At three o'clock, the child was still asleep; pulse 110; respirations eighty; liniment repeated.

At ten P. M., pulse ninety-six; respirations sixty-eight: liniment repeated.

17th.—The child had a good night, and is now apparently well. As she could not be kept sufficiently quiet, neither the pulse nor respirations could be numbered. Cured.

III. 23d February, 1831.—Dixon, aged eight months. I saw this child at six this evening: it has had catarrhal symptoms since the 20th instant. I found the breathing hurried; the skin hot; face pale; great restlessness; pulse rapid. A drachm and a half of the liniment was prescribed.

24th.—After the application of the liniment, the child slept for some hours: towards midnight, it awoke in a profuse perspiration. About break of day, it again fell asleep, and continued to sleep soundly until eight o'clock A. M. I saw it at half-past nine, and, as it appeared perfectly well, I did not prescribe for it.

At three P. M. I was again sent for, and was told that, towards noon, the child (as the mother expressed it) "got quite knocked," since which it gradually got worse. I found the skin extremely hot, and the breathing hurried, with wheezing. The child was quiet and drowsy, so that the pulse and respirations were easily reckoned; the former 160, the latter 84. I prescribed two grains of calomel, and a drachm and a half of liniment.

Ten P. M.—Shortly after the liniment was applied, the child became lively and playful. At present he is in a calm sleep; heat of skin less; pulse 120; respiration seventy, no wheezing. Repeat the friction, and one grain of calomel.

25th, ten A. M.—The child passed a good night; the bowels have been twice moved this morning; appears lively, and apparently quite well. Took my leave.

IV. 14th February, 1831.—M. Y., aged three years six months, for some days past has had stuffing about the chest, cough, burning skin, and great restlessness in bed during night. I saw her for the first time at nine P. M. this evening: the breathing was difficult, with wheezing; the face flushed; tongue foul; pulse 120. Two grains of calomel were ordered.

15th, one P. M.—The bowels have been moved: the difficulty of breathing continues; skin hot; face still flushed; pulse about 130. A drachm and a half of the liniment to be repeated at bedtime.

16th.—At my visit this morning, the child was at play in a neighbor's house: she had a good night, and is reported quite well.

I might detail many cases, somewhat similar to the last, which were all cured, as if by charm, by one or two applications of the liniment; but as I look upon them as cases of catarrh only, I shall rest satisfied, trusting the above may induce some of your readers to adopt the practice. My object is to weaken, if possible, the faith which is now so injuriously reposed in bloodletting for the cure of inflammations in early age. In bronchitis, for example, the great mortality under the practice most approved of, shows that bleeding, general or local, is not infallible; and that it is too often mischievous in its immediate effects, that keen investigator, Dr. Marshall Hall, amongst others, has sufficiently demonstrated. If we do succeed in subduing the disease by bloodletting, we have still the remote unhappy effects to dread; for it, not unfrequently, changes altogether the temperament of the individual. To this effect no one can be blind: every day we meet with, in families generally healthy and robust, one or two delicate members, who are liable to colds and rheumatism upon every atmospheric change, peculiarly obnoxious to every disorder which may rage, and slow in recovering from the most trifling. On inquiry, we learn that these individuals were healthy and strong until attacked by croup, chincough, or some other disease, for the removal of which copious depletion was thought necessary.

I believe there are few who are not converts to the theory which makes inflammation to consist in debility of the capillaries of the part inflamed: still this theory, so generally embraced, has in no way modified the plan of treatment; for the same mode is advised, and is had recourse to, as when we believed the disease to consist in excitement of the same vessels. This is owing to half measures, to moderate reform: the advocates of the theory have taken excitement from the smaller vessels, but they have permitted the larger to retain it; consequently, to *moderate* the *excitement* of the sanguiferous system is the chief aim, and bloodletting is advised as the most powerful means. But the apparently increased action of the larger arteries, mistaken for, or miscalled *excitement*, depends upon loss of contractile power: therefore it is our business to invigorate the arterial system throughout, so that the arteries may be enabled to contract forcibly on their contents, and thus relieve themselves: not to debilitate them further and further, until they become like inanimate tubes, without power to assist in the circulation.*

If I had effected a cure, in the cases given, by the usual means, leeching, blistering, &c., I should have debilitated my patients to such a degree that my attendance could not have been dispensed with for many days; for, in reality, by such means we create a new disease: as it was, as soon as the inflammation was subdued, all care was over, for health was re-established, and strength immediately restored; in fact, there was no convalescent period.

Observe, in the case of Race, how rapidly and steadily the pulse diminished in frequency: in twelve hours it was brought from upwards of 160, to its natural state, ninety-six. This case I regarded as hopeless; and, that the opiate friction might have a fair trial, I refrained from administering anything internally. Calomel, however, in tolerably large doses, ought never to be dispensed with, for it acts speedily in exciting the capillary vessels to contract.

In the following case I was not so successful, and I see no reason why I should not impute the failure to the too great detraction of blood.

19th February, 1831.—Hay, aged nine months. At two P. M. I saw this child for the first time. About three quarters of an hour before I saw it, two leeches had been applied to the breast, from the bites of which the blood still flowed; face very pale; lips of a deep purple; lividity around the mouth; pulse rapid and fluttering; respirations ninety, irregular; pupil dilated. There was nothing to indicate life but the motion of the chest and wheezing noise. The child has been ill since the evening of the 15th, and yesterday there were applied to the breast a blister and two leeches. The bowels were open, evidently from the operation of calomel. I ordered the bleeding to be checked as soon as possible, and a drachm and a half of the liniment to be rubbed on the back and bowels: the blistered surface preventing its application to the chest.

At five o'clock P. M. the respirations were sixty-four; wheezing almost inaudible. Although the child played with my watchchain, it seemed so exhausted as to require a teaspoonful of sherry. The liniment was repeated.

At nine P. M. it continued easier. Liniment repeated.

20th, ten A. M.—Had a tolerable night: the wheezing at present is considerable, but the attendants say it is only occasionally so. Repeat the liniment.

Six P. M.—Has taken a good deal of nourishment, and sleeps calmly at intervals, during the day.

21st, nine A. M.—Has passed a tolerable night. There is expectoration, but, as the child swallows it, it cannot be examined; wheezing at intervals. Liniment.

Four P. M.—The child has taken food repeatedly during the day, and was calm and cheerful all the forenoon. Towards three o'clock, the breathing became oppressed, (the effect of too much food, I presume,) and, as I was in the country, some one, unfortunately, advised a warm bath, followed up by heated blankets. The child is now in a profuse perspiration.

---

* Perhaps it may be difficult to conceive that the heart and arteries should, during febrile excitement, be deficient in contractility, or the power with which they contract, seeing that the vascular commotion is frequently very violent: nevertheless, it is true; and he who would most effectually quell such commotion, with his patient's welfare in view, will attempt it by invigorating the arterial system, which is to be accomplished by obviating the preternatural determination of nervous influence to the surface of the body. ("Notions of the Nature of Fever and of Nervous Action; by W. Forrester Bow, M. D. &c." p. 99.)

Eight P. M.—Evidently worse; pulse fluttering and scarcely perceptible. A teaspoonful of sherry occasionally.

22d, four A. M.—Apparently sinking fast. Rubbed with two drachms of laudanum; a teaspoonful of sherry every hour.

Ten A. M.—More lively, and attentive to the motions of the attendants. Continue the sherry.

Ten P. M.—Is still lively: has taken food during the day.

24th.—The child was better and worse during yesterday. Died this day.

The following case of croup was one of the most formidable I ever witnessed.

4th March, 1831. — William Douglas, aged two years six months, has had catarrhal symptoms for some days past: yesterday morning, his breathing was heavy and cough croupy; towards evening, he appeared worse; and, about eleven o'clock last night, the respiration became more difficult and sonorous. I saw him for the first time this morning, at three A. M.: the breathing was very difficult, and the sound emitted so loud that I heard it on approaching the outer door of the house; he was extremely restless; skin hot; face flushed; pulse frequent. An emetic was given, and, after he had vomited, the breast and back were rubbed with two drachms of liniment. In half an hour, he was so far relieved as to breathe with less difficulty; the respiration was not sonorous unless when he struggled, which he did once or twice to get down from his nurse's knee. Two grains of calomel were given, and about half a drachm of lard, containing five grains of opium, was rubbed in on his limbs and back. Soon after he was rubbed, he became lively and playful, and then fell into a sound sleep, in which I found him at six o'clock. He perspired freely: but as his breathing was thick, though not sonorous, I awoke him, and administered two grains of calomel, with a quarter of a grain of opium.

I desired they would call me at half-past seven: the report then was, that he slept quietly, and breathed easily.

At nine o'clock I saw him, and was happy to observe that the respiration was almost natural: he certainly breathed with some difficulty, but, as there was no restlessness, no heat of skin, and a pulse not at all frequent, had I seen him then for the first time I should have thought nothing of it. Two grains of calomel.

At eleven o'clock, the child was playing about the room, but, as the state of his breathing did not yet satisfy me, I ordered his neck and breast to be rubbed with two drachms of laudanum; and, as I was forced to proceed to some distance, I prescribed two grains of calomel every two hours.

At eight P. M. I found him in a sound sleep; respiration perfectly free. Three of the powders had been given; the bowels had been twice moved. His nurse told me that, soon after he had been rubbed with the laudanum, he coughed a good deal, and expectorated some thickish matter: from that moment, she said, he was quite himself. The expectorated matter she did not preserve. Nothing prescribed.

5th, noon. Continues well; the bowels have been moved since last visit.

6th, two P. M.—He is romping about the house, apparently in perfect health.

This case requires little comment: there can be no doubt that, before I saw the patient, exudation of lymph, to a certain extent, must have taken place; which accounts for the respiration continuing troublesome after the inflammatory action had been arrested by the first application of the liniment. If I had trusted to bloodletting, I must have taken a large quantity; for the symptoms were so urgent, that a small bleeding would have been of no use; and, had I succeeded, would my little patient have been able to resume his play in a few hours, as if nothing had happened? I suspect he would have been so debilitated, before the inflammation was subdued, that he could not have had power to expectorate, and thus would have died from suffocation, as many have.

I made use of laudanum in the above case, because I could get no more of the liniment. I am not at all persuaded, however, that the liniment I use is the best application. I think some preparation of belladonna might still be better. The plan I propose has one thing to recommend it, and which I am certain will ensure it a trial, even by those most devoted to the lancet: it is, that the good effects very soon become conspicuous. Let them wait half an hour, and if in that time no relief be afforded, little harm can accrue from the short time lost.

II.

FATALITY OF UTERINE PHLEBITIS—GREAT IMPORTANCE OF SEPARATING THE PATIENTS IN THE WARDS OF A LYING-IN HOSPITAL.

Uterine phlebitis has been alarmingly frequent of late in the ward of St. Benjamin, in the Hotel Dieu. It has generally come on violently, proceeded rapidly, and invariably been fatal in every instance, and under every variety of treatment. It is, however, now put beyond a doubt that the recent quick changes in the weather, with respect to temperature and humidity, have had much to do with it. With this impression, M. Caillard determined to take special care that his patients should enjoy a wholesome atmosphere; and, for this purpose, caused them to be regularly transferred to another apartment on the fourth day after delivery: thus keeping no more than eight or ten patients in the lying-in room, where there used, until now, to be about fourteen together at a time. Seventy-seven women have since been delivered, of whom but one has fallen a victim to phlebitis. Two others, on whom the forceps had to be employed, were, one of them attacked with metritis, the other with metro-peritonitis; but, under the influence of antiphlogistic treatment, left the hospital as well and as healthy as the rest. The following table will show the mortality, positive and comparative, of the several months since the beginning of the year. It should first, however, be mentioned, that the hygienic treatment above alluded to, was not adopted till the 22d of March.

General Result, from January 1, 1831, *to May* 23.

Patients received into the ward St. Benjamin	190
Number of those who died .	17

January.—Received, 45—Died, 4.
February.—Received, 38—Died, 6.
March (to the 20th).—Received, 30—Died, 6.

From March 20th to May 23d.

Received, 77—Died, 1.

Thus the mortality, which, in the first three months of the year, was one in about seven, became in the last two months, under the new system of treatment, on hygienic principles, one in seventy-seven.

With regard to the treatment most advisable in uterine phlebitis, it must be confessed that none in particular has been found efficacious, or deserving of preference. Bleeding, both local and general, though employed at an early stage, has been proved unsuccessful; and the antiphlogistic method has been found, in numerous cases, rather to hasten than retard the fatal result; though the bleeding, in fact, ought rather to have facilitated the transmission of purulent matter from the organ affected into the general circulation, and thus have materially served the patient. Nor did laxatives, mercurial frictions, or vesications, prove in the least more beneficial than the means just mentioned. The day may come, probably, when some specific may be discovered that may neutralize the deleterious effects of pus on the animal economy; but, in the present state of medical science, *hygiene* alone holds out any hope of success for the prevention of this terrible disorder. These remarks apply also to the inflammation of veins which follows surgical operations, and which proves so often fatal. It should, however, be added, that M. Sanson, in cases of the latter sort, has experienced the best effects from the employment of tartar emetic—effects which place in a still more satisfactory point of view the excellence of that *heroic* remedy; though they require some little additional trial, in the crucible of experience, before they can be quite confidentially relied on.

M. SANSON'S PRACTICE.

Phlebitis after Venesection—Severe general Symptoms—Employment of Tartar Emetic in large Doses—Cure.

A pavior, 36 years of age, a tall but feeble-looking man, was taken into the ward Ste. Jeanne on the 20th of April last, under M. Sanson. He had been affected with a violent pleurisy, under which he labored for eighteen days, and for which he was bled in the left arm. The bleeding had the desired effect; but in three days inflammation of the arm came on, apparently in consequence of the puncture made by the lancet in the median-basilic vein. Leeches were twice applied to the part affected, and along the track of the vein; and after the leeches, cataplasms; but all in vain: the local symptoms became more serious, and on the fifth day the constitutional disturbance was so great that the man was obliged to be taken into the hospital. Besides the tumefaction of the subcutaneous cellular tissue, it was easy to feel along the course of the vein several little collections of matter. The most excruciating pain, too, was felt by the patient in the armpit of the affected side. The limb had acquired a stiffness, and an extreme sensibility. And among the general symptoms were horripilation, fever, headach, inexpressible uneasiness, and a troublesome cough, which seemed to proceed from disorder of the thoracic viscera. *Five and twenty leeches*, after which *emollient fomentations* to the whole of the arm. *Laxative drinks.* The next day and the next, the same remedies were employed; but the general symptoms, so far from abating, became so serious by the fourth day that M. Sanson thought himself bound to have recourse to that remedy which he has so often used with so much advantage; he ordered *Tartar Emetic*, *eight grains* to the dose, given in *four ounces* of jalap, (*infusion de tilleul edulcoree.*) The patient took the whole of the mixture in the course of the day without experiencing any nausea; and the next day it was repeated. From that time every threatening symptom disappeared, and along with the constitutional affections, the local ones: the collections of purulent matter resolved rapidly, and the patient had no longer any pretext for confinement to his bed, except some little annoyance from the respiratory organs. On the 16th of May he left the hospital quite convalescent.—*Gazette des Hospitaux.*

III.

PERIOSTITIS AFTER MERCURY. —EFFICACY OF SARSAPARILLA AND NITRIC ACID.

The following case derives an importance from the facts that it was managed and is related under the direction of Dr. Graves of Dublin, who states, that of "a great number" treated in the same way, he does not recollect an instance where the same remedies failed in producing a cure.

Richard Moss, ætat. 42, weaver, received into the hospital November 17, 1830. Has pains in two different places on the spine of the left scapula—on the internal edge of the biceps and on the sternum, —all which parts are acutely tender on pressure; along with these, he is troubled with weakness in the loins. The pains begin to be more severe about seven o'clock in the evening, when a pain, darting from the scapula along the side of the neck, behind the ears, and across the temple and forehead, comes on —so intense as to cause his eyes to overflow with water. He continues in this state till six o'clock in the morning, when he gets some sleep: during the greater part of the night he is bathed in profuse perspiration. His history is as follows:—21 years since he was twice salivated for primary and secondary symptoms, and continued well in every respect till he contracted gonorrhœa about a year ago: this was cured by linseed-tea, &c. About three months since a sore appeared on the penis, for which he was salivated; the sore however continuing, he rubbed in mercurial ointment till his mouth became affected. While in this state he caught cold; pains came on, which gradually increased in severity up to the present time. General health good, bowels rather confined, pulse slow and compressible.

He was put on the decoct. sarsap. and nitric acid; warm bath, and eighteen leeches to the different painful parts.

He continued steadily in the use of the decoction, with an occasional warm bath; and on any increase in the pain of the affected parts, leeches were applied with invariable relief. The sweating continued till the last. On the 27th, ten days after admission, having no pain any where, he was dismissed cured.

MEDICAL JOURNAL.

BOSTON, AUGUST 30, 1831.

RABIES.

In our remarks last week on this subject we referred particularly to four departments of it. We come now to the *fifth, viz. What are the symptoms of rabies in dogs?*

5. A dog affected with madness becomes peevish and unsocial. He refuses food and drink, runs with his head down and his tail between his legs, his mouth frothing, his tongue hanging out, his eyes inflamed. He exhibits marks of intense thirst, but shudders at the sight of water. He attacks other animals whether larger or smaller, man, and even his own master. His voice is altered and he howls instead of barking. Death occurs on the 4th or 5th day. Such are the usual appearances presented by canine rabies. In some instances, however, the hydrophobia has not been present, or at least has had considerable intermissions. Dogs have been known to take food and drink with avidity and afterwards die of rabies, and wolves in this state will frequently swim across rivers. The rapidity with which death comes on furnishes a simple mode of ascertaining the fact in a dog suspected to be mad. If the animal be confined instead of being killed, the question will be determined in a few days, and in this way a vast deal of anxiety may often be avoided. The interval which elapses before the disease shows itself after being communicated to dogs, is about forty-two days.

6. Is rabies produced by a specific virus?—Some writers of high authority maintain that the occurrence of rabies is not dependent in any matter communicated by the animal in biting. Others have conceived the idea that the affection is wholly nervous, and arises from the agitation and terror caused in the person bitten at the time, and the subsequent anxiety and apprehension. If this last were the true explanation, we ought neither to find the disease communicated to animals, in whom imagination is nothing, nor to infants who are too young to be thus affected. The mind, therefore, however it may influence the predisposition to be affected, is not the avenue by which the contagion is principally received. Is the disease, then, like tetanus, dependent on mere irritation of the part bitten, communicated by nervous influence? This theory will not be found more tenable than the last. It has happened in more than one instance that of several persons bitten, some received the injury in parts protected by clothing, while others were bitten in the naked body; and in these instances it has uniformly been remarked that the intervention of the dress has proved a safeguard. The fact already referred to, that the disease can be propagated by inoculation with saliva taken from a rabid animal, is another argument in favor of a virus. The conclusive proof of its existence, namely, its exhibition in a separate and distinct form,

is still wanting, and of course its physical and chemical character are equally unknown.

7. Does the virus exist in any other fluids than those secreted about the mouth?—The results of observation and experiments go to determine this question in the negative. In the series of experiments at the Hotel Dieu already referred to, the blood of a dog affected with rabies was applied to the surface of a wound in another animal of the same species. The experiment was also tried of injecting the blood of a rabid dog into the veins of another. In neither of these, though performed with care and frequently repeated, did any communication of the disease take place.

It has been imagined that the milk of rabid animals would produce rabies; and some accounts related on imperfect authority give countenance to this opinion. The preponderance of testimony is however greatly against it, and there is every reason to believe that as long as milk continues to be secreted by a rabid animal, it possesses the same qualities which pertain to the secretion under any other circumstances.

It may on the whole then be concluded, that the fluids of the mouth of rabid animals are the only ones which contain the virus, and are capable of communicating the disease. It admits of some doubt, however, whether the frothy fluid which comes from the mouth of a rabid dog and in which the virus appears to reside, is in reality the product of the salivary glands. The principal fact which has led to scepticism on this point, is that in the dissection of persons who have died of the disease the salivary glands are not found altered in structure or inflamed, while more or less inflammation is always discovered on the surface of the air tubes; and it has hence been conjectured that the virus is really a secretion from the bronchial surface. Without more direct proof we are not authorised in forming any conclusion on this point; but it may be remarked that in cases where severe salivation has existed before death, the salivary glands give as little evidence of alteration in structure as is exhibited in the case referred to.

8. By what avenues can the infection be received?—There is sufficient reason to believe that the surface of the sound skin may have the virus applied to it with entire impunity. With respect to the mucous membrane this has been doubted, and a few cases are on record in which the poison appeared to communicate itself through the medium of the lips. Thus we have the story of a tailor who was seized with hydrophobia in consequence of biting an infected garment; and another lately went the round of the papers of a woman who received the disease by biting off the thread with which she had sewn up a rent made in her dress by the teeth of a dog. These accounts may safely be consigned to the lovers of the marvellous.

The only mode, then, in which the disease is certainly known to be communicated, is by the fluids of the mouth of the animal in contact with a bitten or otherwise wounded part. That the wound need not be inflicted by the teeth in order to produce this effect, is sufficiently manifest by the facts above mentioned, but there is no doubt that in the case of a bite the virus is conveyed in its most active form, and the communication of the malady more fully ensured.

9. What period is required for the infection of rabies to take effect?—We have stated in a former number the great variety which has been remarked in the interval between the bite and the commencement of the disease. The usual range of this variety is comprised between the periods of fourteen days and three months; and in the majority of cases the symptoms come on within the first five weeks. Some of the instances of a marvellously protracted interval we have already related, and many others may be found in medical history. The most remarkable instance which rests on any tolerable authority is given by Sauvages, in which a trader of Montpellier was attacked ten years after receiving the bite, when on returning from a voyage he heard that his brother, who was bitten at the same time and by the same dog, had died of hydrophobia forty days afterwards. John Hunter fixes the longest interval at seventeen months. The immediate development of the disease seems often to be brought on by accidental causes.

10. Are hydrophobia and the disposition to bite, among the essential symptoms of rabies in man?—With respect to the former it has been asserted, that well-marked cases of rabies have proceeded to a fatal termination without this symptom having occurred. In all cases recently described, however, there existed either a terror of, or a great aversion to water. It has been attempted by some to explain the fear of water as a symptom arising from spasm of the pharynx, and the consequent suffering experienced by the patient in attempting to swallow fluids. Sometimes, however, a terror at the sight of water appears to precede any attempt made to drink. In the celebrated case of the Duke of Richmond, who died of rabies in Canada, it is said that the first symptom which he remarked was a shuddering, which seized him in attempting to cross a stream. It is said that some patients have been able to drink wine when the aversion to water was insuperable; and that others have succeeded in drinking from a colored vessel a liquid which they were unable to take from a glass.

The desire to bite, though one of the most unvarying of the symptoms in animals, is by no means such in the human race. Many of the authors who have described the disease from their own observations, assert that this symptom has never come under their notice. The instances in which it has been observed can indeed hardly be regarded as more than exceptions. In fact it is natural to suppose that if a sentiment resembling the rage of animals were experienced by man, it would still be expressed in a different manner. The teeth in the dog are the usual offensive weapons, and the instinct of the animal leads him to use them when enraged. In man, the case is wholly different, in this respect, and it is therefore easy to understand why the disease remaining the same, this symptom should be absent. If such a disposition ever exists in man, it must be attributed to the local irritation caused by the disease about the mouth, or to the influence of excited imagination. On the whole, the notion above mentioned may be safely regarded as a vulgar error.

We have thus briefly attempted to state what may be considered the prevailing opinion at the present day on those speculative points which are most frequently the subjects of inquiry in regard to this singular disease. In doing this, however, we have not aimed at the mere gratification of curiosity. Most of the principles we have noticed as being established by observation, if not absolutely practical in their character, may be usefully remembered to dispel causeless anxiety on the one hand, and to induce necessary precaution on the other. It is in this view, and in the hope of their proving of some practical utility, that we venture to recommend them to the notice of our readers. We will only add farther, that for the plan we have adopted in arranging the subjects treated, as well as for many of the facts and arguments advanced, we are indebted to an excellent article in the Dict. des Sciences Medicales, by Messieurs Trolliet and Villermé; the former of whom writes from his personal observation, and the latter is well known as an author for his accuracy and research.

ROOT OF KAHINKA, A NEW REMEDY FOR DROPSY.

The Kahinka is a South American plant, and the root, given in powder or aqueous extract, is reputed there as a remedy in amenorrhœa, dropsy, and some other diseases. It has recently attracted the attention of the faculty in Europe, and a memoir on the subject has been presented to the French Institute by those distinguished chemists, MM. Caventou and Pelletier.

We have not the pleasure of possessing this memoir in the original, and derive our knowledge on the subject from a translation of it by Dr. Baxter, of New York. So far as we can understand this pamphlet, which is, without any exception, the most bungling piece of translation we ever saw, these chemists have arrived at a result not widely differing from the sentiments of the South American practitioner.

This root is found to possess the power of stimulating the absorbents to quickened action, and its administration is succeeded by vigorous evacuations from the bowels and the bladder. In the dose of 12, 15, and 20 grains, the aqueous extract evinces strong diuretic and purgative properties, and some cases are related in the memoir in which dropsical effects appeared to yield to its use. On the whole, however, we can perceive, from the details given, so far as they are intelligible, little advantage in this medicine over the elaterium—its properties seem very similar, and its powers little if any more extensive. Some of this extract is, we understand, for sale at

Apothecaries' Hall, in this city, and those who have under care cases of dropsy which have resisted the usual means of relief, will do well to give it a fair trial.

CHOLERA.

This dreaded disease had, at the last dates, reached St. Petersburgh, and in the course of the first week 26 cases had been reported to the government of that city. The royal family had removed from the city, and the inhabitants were in a state of almost unexampled consternation: or in other words, a state of combustibility exceedingly favorable to the rapid kindling and wide spreading of this terrific malady. A medical council of 40 had been called, 38 of whom pronounced in favor of the opinion that the disease is of a contagious nature, and 2 dissented from this belief. Until facts — strong facts—prove to the contrary, the opinion of the 38 should be the basis of all governmental acts for protection against its ravages.

On Friday last the Mayor and Aldermen of this city promulgated a further order that, from and after that day, all vessels arriving from any of the ports or places within the Cattegatte, or any port or place on the Elbe, be liable to quarantine at Rainsford Island, for such term of time as the Resident Physician at said Island may direct, subject to the direction of the Mayor and Aldermen.

EXTRAORDINARY CASE OF DISCHARGE OF OIL FROM THE BOWELS, AND SUGAR FROM THE URINARY PASSAGES.

The following extract from a late clinical lecture by Dr. Elliotson, records one of the most remarkable histories in the annals of medicine.

" There is likewise another very extraordinary case in the house, in Jacob's ward—a case of which I have never seen above one or two instances before, and I never had such an opportunity of examining it. It is the case of a man who, for three years, has discharged oil in large quantities from the intestines. The man is also laboring under diabetes, discharging sugar from the urethra, while from his rectum he daily pours forth an abundance of oil. The case must be very interesting to chemists, on account of such a double manufacture going on. Four of the first chemists in this country have had specimens, which they have examined, and they found the discharge to be genuine oil. After a motion, it flows from him liquid, and then it concretes. Of course you have all seen it swimming in yellow flakes over the contents of the vessel, of the color of unblanched bees'-wax. A case of this kind is mentioned by Mr. Howship in one of his works; he says the lady took a pint of oil, and it immediately stopped the manufacture. I gave this man six ounces of sweet oil, not knowing what to do with the case, and trusting to the one recorded by Mr. Howship. He took three ounces, and was sick; he then took the other three, and they staid down; and he has made very little oil since. He has phthisis into the bargain, so that he is producing three foreign substances—oil, sugar, and pus. Of course he must die. He has been inhaling chlorine with very great advantage: it has diminished the expectoration, and also the cough exceedingly, so that he has hardly anything to complain of. He is sinking under the disease of his lungs, kidney, and intestines, but he will hardly allow that he now suffers at all. I may mention that I tried iodine for his phthisis, but it distressed him very much even in the most minute quantity: the chlorine, however, he bears perfectly well. I shall lay the case before the Medico-Chirurgical Society next winter, together with several others of the same kind, which I have collected."

Gum Ammoniacum. — Linnæan Society, Dec. 9, 1830. — A paper was read on the plant which yields the gum ammoniacum, by Mr. David Don, Lib. L. S.—Although the gum ammoniacum has held a place in the Pharmacopœia from a very early period, yet the plant itself has hitherto remained wholly unknown. It proves to be a new genus, belonging to the group of *Umbelliferæ*, named by De Candolle *Peucedaneæ*, differing essentially from *Ferula* and *Opopanax*, in its large cup-shaped epigynous disk, and in having solitary resiniferous canals. The specimen was obtained, in the districts where the gum ammoniacum is collected, by Lieut. Col. Wright, of the Royal Engineers, on his way through Persia from India, and was by him presented, along with other dried plants, to the Linnæan Society. Every part of the specimen is covered by drops of a gum, possessing all the characters of gum ammoniacum, and this circumstance alone would seem sufficient to remove all doubt on the subject, but Mr. Don has carefully compared it with the fruit and fragments of the inflorescence found intermixed with the gum in the shops, and he finds them to accord in every respect, so that the plant may now be considered as fully ascertained. Dioscorides derives the name Ammoniacum from Ammon or Hammon, the Jupiter of the Libyans, whose temple was situated in the desart of Cyrene, near to which the plant was said to grow; but as the plant is now ascertained to come from the north of Persia and not from Africa, Mr. Don is disposed to consider the name Ammoniacum or Armoniacum, as it is indifferently written by ancient authors, as merely a corruption of Armeniacum. We subjoin Mr. Don's essential character of the genus, and some of the more important parts of the detailed description.

Dorema. Discus epigynus cyathiformis. Achenia compressa, marginata; costis 3intermediis distinctis, filiformibus. Valleculæ univittatæ. Commissura 4vittata.

Herba (Persica) robusta, facie fere Opopanacis. Folia ampla, subbipinnata. Umbella prolifera, subracemosa. Umbellulæ globosæ, breviter pedunculatæ. Flores sessiles, languiei immersi!

The species is Dorema Ammoniacum.

Mr. Don concludes his paper with a few observations on the plant which yields the analogous gum Galbanum, which he regards as also constituting a new genus allied to Siler, but differing essentially in the absence of dorsal resiniferous canals to the fruit, and in the commissure being furnished with two only. He proposed for the plant the name of Galbanum officinale. The Bubon Galbanum of Linn. possesses neither the smell nor taste of Galbanum, and is altogether a totally different plant.—***Phil. Mag. and Ann. of Philosophy.***

Analysis of Sulphureous Waters. —Numerous examples of sulphureous waters occur, in which the sulphur exists in the double form of free and combined sulphuretted hydrogen. It being important to decide how much is free and how much in combination, great difficulty has been experienced in devising an analytic process for that purpose. M.

Henry (fils) has at length succeeded, and has furnished us with a simple, elegant, and ready mode of proceeding. It consists in agitating a certain quantity of the mineral water with a known weight of finely-divided metallic silver, in a closely-stopped bottle. All the *free* sulphuretted hydrogen is then decomposed, and its sulphur absorbed by the silver ; the quantity is then estimated by the increase of weight of the latter. The water is then decanted into another bottle of equal size, fitted with an accurately-ground stopper, and containing a few crystals of the ammoniaco-nitrate of silver, by which the carbonates, muriates, and hydrosulphurets, are decomposed and precipitated. This precipitate being collected and washed in ammonia, the carbonates and muriates (chlorurets), are dissolved, and the sulphuret left behind. Of this, 100 parts, carefully dried, indicate 14 of the sulphuretted hydrogen, or, as M. Henry terms it, hydro-sulphuric acid.—*No. dernier de Journal de Pharmacie.*

Burns and Scalds treated by Nitrate of Silver.—We have formerly quoted the opinions of Mr. Higginbottom on the use of nitrate of silver in various irritable inflammations, and our experience is in its favor. He recommends it in burns and scalds. In the April number of the Edinburgh Medical and Surgical Journal, there is a case detailed of its efficacy in an extensive scald of the back, hips, thighs, and abdomen, of a child five years old, in which large portions of the cuticle were removed. The solid lunar caustic was once applied to the whole surface, and at the time gave but little pain. Part of the surface was afterwards freely exposed to the air, and that portion on which the body rested was lightly covered with rags spread with the *neutral* ointment (?). In a quarter of an hour, the child fell asleep, and had no pain or constitutional disturbance afterwards. Some of the eschars were adherent ; where the ointment was applied, there was profuse serous and afterwards lymphatic secretion, but no suppuration. On the 10th day, the little patient was out of doors, and on the 12th, at school, every part being quite healed.

The ioduret of lead is easily made by adding a solution of PURE hydriodate of potash to a solution of the acetate of lead, when the ioduret is precipitated in a brilliant yellow crystalline powder. This combination should possess eminent therapeutic virtues, and well deserves a trial in this country. We presume half-grain doses might be administered from the beginning with the utmost safety.—*London Lancet.*

Causes of Hysteria.—Two cases are related in the Wiedland Reporter which show in an exceedingly clear light the dependance of hysteria, in some instances, on cerebral and spinal irritation. The idea should be kept in view when investigating the causes of those symptoms which are usually regarded as hysterical.

A New Desgenettes.—M. le docteur Foy is performing sundry hare-brained feats in Warsaw, to the great amazement of the contagionists : he has respired plentifully the breath of patients in cholera ; he has tasted of the matters ejected from their stomachs ; and finally, by way of *coup de grace*, has had himself regularly inoculated with the blood of a man laboring under the disease. How M. Desgenettes must smile at this feeble imitation of his "sublime experiment !" The professed intention of M. le docteur is, " to reassure the *morale* of the citizens, the soldiers, and all unbelieving physicians." What the consequences, however, will be to the chivalrous anti-contagionist, we have yet to learn : but our correspondents inform us (by way of *bonne bouche*) that the newest therapeutic remedies employed by him (and he is of great weight with the French *savans*—at the head, we believe, of their medical staff at Warsaw), are *phosphorus* and the *alcoholic extract of nux vomica.*

The publication of excellent engraved portraits of gentlemen who are and have been Medical Professors in the University of Pennsylvania, has been commenced at Philadelphia. A likeness of Dr. Chapman has been published, and is to be followed by portraits of Drs. Coxe, Dewees, Gibson, Hare, Horner, Jackson, James and Physick.

Whole number of deaths in Boston the week ending Aug. 19th, 35. Males, 20—Females, 15. Stillborn, 1.

Of infantile, 1—consumption, 3—brain fever, 1—typhous fever, 1—unknown, 3—teething, 1—cholera, 2—dysentery, 5—fever, 1—mortification, 1—fits, 1—old age, 1—canker in the bowels, 2—bursting blood vessel, 1—intemperance, 1—cancer, 2—dropsy on the brain, 2—worms, 1—scarlet fever, 1.

ADVERTISEMENTS.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures, in this Institution, will commence on the first Thursday of September, and continue fourteen weeks. The Trustees have made ample provision for the accommodation of students. The addition of a Demonstrator of Anatomy will afford great facilities for the acquisition of knowledge in that important branch of Medical Science. The expense of the whole course will not be increased. Medical Degrees are conferred at the close of the Lectures in December, and at the annual Commencement of Williams College, with which this Institution is connected. The examination for medical degrees begins on the Wednesday preceding the close of the Lecture Term.

H. H. CHILDS, M.D., *Professor of Theory and Practice of Medicine.*
S. W. WILLIAMS, M.D., *Professor of Medical Jurisprudence.*
S. P. WHITE, M.D., *Professor of Theoretical and Operative Surgery.*
C. B. COVENTRY, M.D., *Professor of Materia Medica and Obstetrics.*
W. PARKER, M.D., *Professor of Anatomy and Physiology.*
C. DEWEY, M.D., *Professor of Chemistry, Botany, and Natural Philosophy.*
EDWARD F. SING, *Demonstrator of Anatomy.*

Board, including washing, lodging, and room, $ 1,75 a week. Aug. 23—4t.

MEDICAL SCHOOL IN BOSTON.

THE MEDICAL LECTURES OF HARVARD UNIVERSITY delivered in Boston will be commenced in the Autumn, at the usual period, viz., on *the third Wednesday in October.* They will be continued four months.

This extension in the term of the Lectures has been thought necessary to afford time for such a course of instruction and demonstration, as is deemed by the Faculty to be requisite, under the advantages which have recently accrued to the School.

The Legislature of Massachusetts, with an enlightened liberality, which does honor to our age and country, have extended the protection of law to the cultivation of Anatomy within this Commonwealth. The advantages which will hence result to students resorting to this school will be sufficiently obvious. It will be the aim of the Professors to carry into effect the intentions of the Legislature, in such a manner as to evince at the same time their respect for the rights of humanity, and their interest in the promotion of the healing art.

The opportunities for practical instruction at the Massachusetts General Hospital continue undiminished.

The Courses of Lectures will be,
On Anatomy and Surgery, by Dr. WARREN.
On Chemistry, by Dr. WEBSTER.
On Materia Medica, by Dr. BIGELOW.
On Obstetrics and Medical Jurisprudence, by Dr. CHANNING.
On Theory and Practice of Physic and on Clinical Medicine, by Dr. JACKSON.

WALTER CHANNING, Dean of the Faculty of Medicine.
Boston, June 15, 1831. July 19. * 6t.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. V.] TUESDAY, SEPTEMBER 6, 1831. [No. 4.

I.

ON THE TREATMENT OF MALIGNANT ULCERS OF THE NOSE AND FACE. BY FRANCIS ADAMS, ESQ. SURGEON, BANCHORY.

IT must be admitted that the malignant ulcers on the face, to which the absurd name of *Noli me tangere* has been applied, are neither well defined, nor the principles of treatment satisfactorily laid down in modern works on surgery. They are generally stated to bear a considerable resemblance to the genuine carcinoma. Without doubt they possess a near alliance to the carcinomatous character, as has been pointed out by Celsus with a degree of acuteness and precision which it will not be found easy to equal, much less to surpass. He begins with the remark, that the parts most commonly attacked with the carcinoma are the face, the nose, the ears, the lips, and the female breasts; and that the liver and spleen are likewise sometimes affected. He then describes at considerable length the variety of appearances which it puts on. He adds, it begins at first as the cacoethes, then passes into the carcinoma without ulceration, and ends in the fungous ulcer. The result of every attempt to cure the genuine carcinoma is stated by him in the following terms, which, it is to be lamented, are but too applicable to modern experience in these unfortunate cases:—"Tolli nihil, nisi cacoethes, potest: reliqua curationibus irritantur; et quo major vis adhibita est, eo magis. Quidam usi sunt medicamentis adurentibus; quidam ferro adusserunt; quidam scalpello exciderunt: neque ulla unquam medicina profecit: sed adusta, protinus, concitata sunt, et increverunt, donec occiderent; excisa, etiam post inductam cicatricem, tamen reverterunt, et causam mortis attulerunt." He afterwards goes on to point out the way by which the nature of the disease is to be discovered. "Discernere autem cacoethes, quod curationem recipit, a carcinomate, quod non recipit, nemo scire potest, nisi tempore et experimento. Ergo ubi primum id vitium notatum est, imponi debent medicamenta adurentia. Si levatur malum, minunturque ejus indicia, procedere curatio potest et ad scalpellum, et ad ustionem: si protinus irritatum est, scire licet, jam carcinoma esse; removendaque sunt omnia acria, omnia vehementia." — Lib. v. c. 28. What the "medicamenta adurentia" are he himself has declared in another place: "Adurunt auripigmentum, atramentum sutorium, chalcitis, ærugo, calx, fæx combusta, sandaracha," &c.—Lib. v. c. 8. It may be proper to explain briefly the nature of these substances. The *auripigmentum* was orpiment, or the yellow sulphuret of arsenic. The *sandaracha* was realgar, or the red sulphuret of the same. The *atramentum sutorium* was a solution of the sulphate of copper. The *chalcitis* and *misy* were two substances nearly allied to one another, and there is reason to believe that both resembled blue vitriol,—at least it is certain that both were formed from copper, and possessed caustic properties. The ancient *ærugo* was much the same as the modern verdigris. The *fæx usta* was certainly a preparation of potass. These are the medicines from which Celsus directs to make the first application to the cacoethes or malignant ulcer. Arsenic, it will be remarked, stands foremost in the list. When these fail he recommends to have recourse to the knife or the actual cautery. In fact, the medicines we have been treating of were considered by the ancient physicians to resemble very much in operation the effect of the cautery. Galen, treating of the cacoethes, says, "Chalcitis, misy, arsenic, and sandarach, burn like fire; and often when these are not successful we have recourse to fire itself."—*Therap. ad Glauc.* Lib. ii. From their property of occasioning the formation of sloughs they were generally called septics.

But although we have mentioned Celsus first among the ancient authorities on this subject, because his statement of the distinction between the cacoethes and the carcinoma is particularly striking, it must not be forgotten that Hippocrates has the merit of having pointed out the principles upon which all indolent ulcers of this class are to be cured. "Diseases of long standing," he says, "are more difficult to cure than recent ones; but such as are of long standing ought in the first place to be brought into the state of recent ones. When, therefore, an ulcer becomes callous, its indurated edges are first to be removed by septic applications, and then dressings of an astringent nature are to be used."—*De locis in homine.* The simple principle of treatment here laid down is of the most extensive application, insomuch, that, with the exception of the genuine carcinoma, and those cases in which the constitution is particularly unsound, there is scarcely any ulcer which may not be healed in this way; and even the sores generally accounted cancerous may often be removed by this method more effectually than by the knife. Hippocrates was likewise not inattentive to the constitutional treatment. He states, that malignant ulcers, especially those on the head, are benefited by the use of emetics and purgatives. It must be clear to every one who is familiar with the physiology of the Father of Medicine, that his intention in recommending this treatment was partly in order to produce revulsion from the head, and partly to rectify the state of the *primæ viæ*, by which the system is supplied with nutritive juices. In the ancient practice of physic much greater attention was paid to the condition and distribution of the animal fluids than is done at the present day. But for a full account of this part of the treatment we must refer to Aëtius, who has enlarged upon it with such ingenuity and acuteness, that, I will be bold to affirm, although the modern masters of the art may have multiplied the number of remedial means, they have not improved upon the principles laid down by him for rectifying the disorder of the constitution. He recommends to consider attentively the habit and temperament of the patient, and to apply the suitable remedies accordingly. Thus, he says, when there is a fulness of blood venesection ought to be had recourse to; when the constitution is loaded with impure chyle he is either to be bled or purged; and if the liver or spleen appear to have given rise to the disease, their state is to be attended to and corrected. It appears to me that there is nothing in the ingenious observations of Mr. Abernethy on the constitutional treatment of ulcers, which in principle is more sound and important than these rules of Aëtius. It will be remarked, that the state of the liver is particularly adverted to as deserving of attention in conducting the cure of malignant ulcers. There can be no doubt that attention to the condition of the liver in these cases was suggested by the physiological doctrine that this viscus is concerned in the function of sanguification, and that the bile is the excrementitious part of the blood. This opinion, although, I believe, not generally entertained by physiologists in this country, was lately advocated in Germany by the learned Professors Tiedemann and Gmelin. Of all the hypotheses which have been advanced in ancient and modern times respecting the use of the spleen, there is none more plausible than that which is maintained by Aristotle, namely, that it forms a part of the hepatic system.—See *De partibus Animalium*, Lib. iii. c. 7.

The Arabian authors, in treating of the malignant ulcer, display a thorough acquaintance with the principles of their Grecian masters, but do not suggest any improvement of practice. I need only mention with regard to them that Avicenna and Rhases are particularly full upon this subject, and that their treatment consists in first correcting the constitutional derangement, and then effecting the removal of the diseased parts by septic medicines, such as flowers of copper, copperas, arsenic, quicklime, and the like.—See Avicenna, Lib. iv. Fen. 4, Tr. 3, and Rhases, *Continens*, Lib. xxviii.

Having thus given an outline of the ancient method of treating these diseases, I will now briefly state the result of my own personal experience, which I will illustrate with the history of a case that came under my observation lately. If there be any other rule by which the cacoethes may be distinguished from the carcinoma besides the "tempus et experimentum," as stated by Celsus, it is by attending to the symptoms of constitutional derangement, by which the latter is generally accompanied. It seldom or never happens that the genuine carcinoma is met with but in broken down and cachectic constitutions, as indicated by sallowness of the skin, extreme torpor, and a cadaverous expression of countenance; and hence I am inclined to believe, that the local affection never takes place until the general system has become deranged. In the cacoethes, on the other hand, the constitutional derangement generally does not assume any fixed invariable character, but rather resembles what has not improperly been called a cacochymy than that state which we have mentioned as being characteristic of the carcinomatous diathesis. It seldom happens, likewise, that the cacoethes is attended with the acute darting pain of the other; and although, when allowed to continue its course uninterrupted, it uniformly goes on increasing the extent of its ravages upon the adjoining parts, it is very rare, that, like the other, it occasions swelling and induration of the lymphatic glands at a distance from the seat of the disease. The most intractable cases of cacoethes which I have met with have begun at the inner angle of the eyelids, when I have generally found it impossible to make the proper applications effectually, on account of its vicinity to the ball of the eye.

I have varied the constitutional treatment, according to circumstances. When I remarked any tendency to congestion of blood in the head, I have always had recourse to local depletion; but have never abstracted blood from the general system. In almost every case I have put a seton into the nape of the neck when the ulcer was nearly healed. When I have had it in my power to regulate the diet exactly to my wish, (but this is seldom the case, for I have seldom met with the disease except among the lower ranks of society,) I have generally directed that the food should be somewhat restricted in quantity, but wholesome and nutritive. By a proper attention to regimen, I have found that the derangement of the digestive function can in general be more effectually remedied than by medicines; and yet, in a few cases, I have administered small doses of mercurial alteratives with this intention. At one time, I was in the practice of giving the arseniate of potass internally; but in no one instance did I ever remark that any decided amendment resulted from the use of it. The administration of it in this disease seems to be purely empirical; for I have never seen pointed out what is the peculiar disorder of the general health which it is calculated to remedy; and I repeat that the constitutional derangement in the cacoethes is not marked by any one fixed character. As to the external applications, I have no hesitation in saying, after the most ample experience, that my principal dependence is placed in the septic medicines recommended by Hippocrates and Celsus. Of these arsenic is unquestionably the most efficacious. I have used it generally, either in the form of a powder, combined with some of the other articles of the same class, such as the sulphate of copper and quicklime; or mixed up with some simple salve. As it has little or no action upon the unabraded cuticle, I have found it necessary, when applying it to parts which were covered with cuticle, to add to it a certain proportion of the powder or ointment of cantharides. To solutions of arsenic I in general am wholly averse, partly because they are too weak to act sufficiently upon the hard indolent edges and granulations of the ulcer, and also because in that state the danger of absorption must be greatly increased. I speak thus, however, solely from acknowledged toxicological principles, and not from personal observation; for, after having used these medicines pretty extensively for a good many years in the treatment of malignant and indolent ulcers, I can positively declare, that never in any one instance have I observed any unpleasant effects from the absorption of them. Indeed, in the diseased state of the parts to which I have applied them, it is not at all probable that the absorbent powers can be very active. In a few cases I have applied the actual cautery; but, except that the extent of its operation can be better regulated than that of the septic medicines, it does not seem to possess any decided superiority over them.

II.

ON SPINAL IRRITATION. BY DR. CORRIGAN.

In a clinical lecture delivered at the Charitable Infirmary, in Dublin, and published in our weekly contemporary, the Lancet, we find some interesting cases, with observations, of spinal irritation, which we here propose to notice.

Dr. C. prefaces his observations on spinal irritation by remarking that morbid anatomy cannot be expected to throw much light on our investigations here, since the disease, though distressing, is seldom fatal—and since diseases of the nervous system do not always leave any visible trace of their existence, when death ensues.

"It fortunately, however, happens, that we have other means than those afforded by morbid anatomy, for ascertaining the seat of the disease, and by which we can, even during life, trace most distinctly the connecting link between cause and effect, or, in other words, between the diseased action and its symptoms. If we meet a patient complaining of hermicrania, or of pains in the neck and face resembling tic douloureux, and find we can produce or aggravate these distressing symptoms by pressure on the cervical vertebræ;—if we find another complaining of fits, of suffocative breathing, palpitation of the heart, and distressing sense of weight behind the sternum, and that we bring on, or aggravate, these symptoms by pressing on the dorsal vertebræ:—if we find another complaining of pains in the epigastrium and both hypochondria and globus hystericus, and of flatulent distention of the stomach, and that we can at any time bring on or aggravate all these by pressure on the lowest dorsal vertebræ;—if we find pains complained of in different parts of the body, in the right or left mamma, right or left hypochondrium, or in varied parts of the abdomen, and that pressure on the part of the spine generally corresponding in situation to the seat of the pain, aggravates the pain, or produces it if previously absent;—if we find, moreover, that local applications over the spine remove the distant symptoms or pains, not relieved by any other mode of treatment;—the fair inference from all this surely is, that the seat of disease is within the spine, and the connexion between the symptoms and the disease, between cause and effect, is, in such cases, more clearly exposed before us, than when even after death from acute disease, the knife of the pathologist exhibits to us some important lesion of structure, of which, rigidly speaking, the most we could say is, that it was probably the cause of the symptoms during life."

Case I. This was a man, aged 27 years, a coach-painter, who was admitted on the 27th February into the Charitable Infirmary, complaining of flatulence, pain and tightness in the head and at the scrobiculus cordis, pallor and anxiety of countenance. The tongue was clean, pulse 90, respiration a little increased.

"There is pain along the course of the supra-orbital nerve of the left side. His sight is weak, and he cannot raise his eyes to any object above him, without experiencing pain and giddiness of the head. He is frequently attacked by 'globus hystericus.' He describes it as 'a ball of some kind' arising in his stomach, and ascending to his throat, where he feels it choking him; he also frequently experiences a sensation of tightness across the chest, which often prevents him from speaking when he wishes to do so. For the last two days he has had pain along the calf of the left leg, and weakness across his loins. His appetite is not impaired, but strength is much diminished. He has frequent pains across the epigastrium and both hypochondria, his nights are restless, and he starts often from his sleep, aroused by terrifying dreams; there is slight cough; epigastrium and both hypochondria are very tender under pressure, and pressure on the epigastrium produces instant cough and difficulty of respiration. The result of pressure along the spinal column is as follows:—pressure on any of the cervical vertebræ produces pain and lightness of the head; on the superior dorsal, produces tightness in the chest; on the inferior dorsal and first lumbar, produces pain at the scrobiculus cordis, flushing of the face, perspiration, and violent eructation of wind from the stomach; lower down produces no effect."

The patient was treated in a very simple manner. Rest, aloetic or oily purgatives; cupping, leeching, and blistering the spine, with the application of antimonial ointment, constituted the whole of the treatment, and the man was discharged cured on the 4th of April, or about 50 days from the time of his reception.

Without casting the shadow of a doubt on the facts of the above case, we cannot help expressing a little scepticism as to the inferred pathology of the disease. We have seen so many cases, especially in the female sex, where the above anomalous phenomena have presented themselves, but where the result disproved the cause to be spinal irritation, that we look on Dr. C.'s case with some distrust. The fact, however, is indisputable, that, in these cases, pressure on the spine often causes effects which are almost inconceivable. In the case of a young lady whom we have attended for some years, we were surprised to find that pressure on the two or three superior dorsal vertebræ produced convulsive motions of the lower extremities, and even of the abdominal muscles. We thought we had discovered a key to the host of nervous and hysterical symptoms with which this lady was harassed; but we were deceived. Horizontal posture, leeches, blisters, antimonial plasters, produced not the slightest relief, but rather aggravated the complaint. We afterwards found that a far less degree of pressure a little to the left of the epigastrium induced the same convulsive action of the muscles, as pressure on the spine—and even in a much higher degree. These phenomena are almost inscrutable. That they are referable to the nervous system, we have no doubt; but that "SPINAL IRRITATION" conveys a true idea of their nature or seat, we are disposed to deny. And as to the *cause*, it will probably lead us astray. In the case to which we have just alluded, the presence of food, more especially any food of difficult digestion, in the stomach, produced not only twitchings of various muscles, but a strong disposition to *suicide*. So dreadful were the "mental impressions," (the term applied by the patient,) that she nearly put an end to her own existence by starvation, to avoid the horrible feelings produced by food in the stomach! It is a curious fact, but one worth recording, that the medicine which was most operative in preventing these mental impressions, was five grains of the hydrargyrum cum creta, taken an hour before dinner. The unhappy patient has often declared that, without the "grey powder," she had rather die than take food at dinner! We shall here introduce two or three other cases detailed by Dr. Corrigan.

Case II. The patient was a lady who, after her first confinement, suffered for several months from great weakness. When I saw her, about five months after her confinement, she complained of severe cough, difficult expectoration, and distressing sense of suffocation; these symptoms, particularly the last, much increased in the evening. There were constant pains in both hypochondria, in the epigastrium, and behind the lower third of the sternum. These pains were not increased by full inspiration, and only in scattered points of the right hypochondrium by pressure. Pressure on the last dorsal vertebra aggravated them. Leeches were applied to the spine, and a recumbent posture was enjoined. On the next day she was much relieved of all her symptoms, and on the day following felt so very well, that she left the bed; and now the disease showed one of its most striking characters, viz. its connexion with change of posture. The exertion of dressing brought back all the symptoms in minor degree, although previous to rising from bed no trace of the disease was observable. They again disappeared after short rest in a recumbent posture on a sofa. Rest was again enjoined, and the improvement again proceeded rapidly, convalescence being only interrupted by a walk a little too long, which, like the exertion of dressing already alluded to, produced a temporary aggravation of the symptoms.

Case III. The patient, a gentleman of about thirty-five years of age, complained of distressing paroxysms, which came on frequently in the course of each day, and often without any apparent immediate cause. The paroxysms commenced with a sensation of great distress, referred to some internal part behind the inferior third of the sternum, and rising from it upwards to the head; his eyes filled with tears, he became incapable of speaking, and his mental agony during the continuance of the fit was extreme. The paroxysm did not last more than a few minutes, and was then terminated by one or two heavy long-drawn sighs. The clapping of a door, an unexpected meeting with an acquaintance, or any similar trivial cause, was sufficient to bring it on. It seemed as if, in this case, the sympathetic ganglion, to which some refer the seat of the passions, was engaged, for pressure on the epigastrium was immediately followed by all the distressing symptoms already described. The third, fourth, and fifth dorsal vertebræ were tender, and pressure on them was attended by the same effects. A towel was dipped in warm water and passed slowly down the spine. The moment it came over the tender vertebræ, the same results followed as from pressure. The history of the case was this: About twelve months before, this gentleman suffered under much anxiety of mind from a weight of business; then, for the first time, he felt the sensations described, which never up to the time of my visit quitted him. The same treatment was prescribed as for the other cases.

Case IV. A lady, aged 50, came to town for advice with the following symptoms:—She felt severe pain about the umbilicus, and in the left lumbar region; this pain was always brought on, or greatly aggravated, by taking food; relief was obtained after a meal by lying down, and the pain which remained present during the day always ceased soon after retiring to bed at night; the abdomen was soft, and the digestive functions well performed; the spine had two lateral curvatures; there was a little tenderness, under pressure, of the two last lumbar vertebræ, but pressure on them did not bring on the pain of side. The history of the case was this: having previously suffered under great depression of spirits, consequent on the death of several of her children, this lady first felt, about three months before, some uneasy sensations about her shoulders, which obliged her to rest her back when knitting or sewing. These were followed by pain in the region of the liver, extending into the right hip, and, finally, all seemed to concentrate themselves in the intense pain of the left side already described. For the pain in the region of the liver she had been put under a course of mercury, and finally, from a fear that malignant disease of the stomach, or some of the organs in its immediate vicinity, was setting in, she was put on hemlock, and repeated blistering was ordered over the seat of the pain. All these measures failed to give relief. The first circumstance that made me look upon this case as one of spinal irritation, was the remarkable effect of posture. Moreover, there was not fever, nor wasting, in proportion to the intensity or the duration of the pain. Leeches were applied to the spine, and afterwards counter-irritation was kept up by tartar-emetic ointment. Two grains of sulphate of iron were at the same time ordered as a tonic, three times a day, and her bowels were kept open by Rufus's pill. Rest was of course enjoined for a few days. From that time up to the present, and several months have elapsed, there has not been a return of the pain in the slightest degree.

Our readers will form their own conclusions, as to the above cases, which are, however, very interesting, whatever theory may be employed for their explanation. For our own parts, we are much more disposed to attribute the phenomena to irritation of the ganglionic nerves, as distributed on the different viscera, than to spinal irritation. We advise Dr. Corrigan to prosecute the inquiry, and to attend to the state of the digestive organs, and of the uterine system, in females, when he will probably be led to suspect the cause, if not the seat of the disease, in other parts besides the spine.—*Med.-Chir. Rev.*

III.

DYSENTERIC DIARRHŒA AND CHOLERA.

By John Burne, M.D., Physician to the Public Dispensary, Chancery Lane.

A disorder consisting of a looseness of the bowels, with torminous dysenteric pains, and which I have therefore called a dysenteric diarrhœa, showed itself in the district of the Dispensary, Chancery Lane, in the month of May, 1830; after which it prevailed epidemically through July, August, and September, and has continued in a sporadic manner during the winter up to the present time, June, 1831, when the number of cases has again begun to increase. With it have occurred also some cases of cholera of a severe description, one of which proved fatal in fifteen hours, and from the near relation which the symptoms of these cases of cholera, and particularly which the appearances on dissection of the fatal case, bore to the cholera that has ravaged and is ravaging the continent, I am constrained to believe that it and the dysenteric diarrhœa were brought into existence by the same influence which has given rise to the cholera in Russia. Moreover, I cannot but regard the dysenteric diarrhœa and the cholera as modifications of the same disease, the stomach not sympathizing in the former, because the same condition of the constitution was common to both, the body being evidently under the influence of some cause which depressed the vital powers; and so exactly did the symptoms of the two diseases accord, that betwixt the worst cases of the dysenteric diarrhœa, and the less severe cases of cholera, there was only the difference between nausea, which was often present in the former, and vomiting, which was peculiar to the cholera. So in the recent influenza, the depression of the vital powers has, in the generality of cases, been a prominent feature; and the continued fever which has prevailed to a very unusual extent for the last eighteen months, has manifested a character particularly adynamic. This prevalence of adynamic fever, influenza, dysenteric diarrhœa, and cholera, reminds me strongly of the cotemporaneous prevalence of these same disorders in the time of Sydenham, from the year 1675 to 1679.

The dysenteric diarrhœa varies much in degree, as well as in the form of the attack; many cases being slight, and unaccompanied by disorder of the system, while others are severe, and preceded by general indisposition for several days. In the milder cases, patients are at once attacked with pinching pains in the bowels, which are followed by a looseness and more or less tenesmus. The severer are preceded by a marked indisposition for several days; the patients experience great languor of mind and body, feel sleepy and heavy, and have a severe though indescribable pain in the head: the appetite declines and nausea supervenes, attended with great thirst and a sense of dryness and roughness of the tongue; to all of which is added, a feverishness at night. Then comes the ventral disorder, characterised by severe torminous pains in the bowels, remitting and recurring in rapid succession, and followed up by frequent dejections, copious and feculent at first, then thin, acrid, and slimy, giving rise to an urgent and constant tenesmus, which will not allow the patient to leave the closet. These ventral pains, although remitting, and not protracted, are severe and acute, and excite an instant flush of heat and perspiration over the body, the sweat standing in drops upon the face, which quickly passing away, leave the body chilly.

Very similar to this severe degree of dysenteric diarrhœa, is the attack of cholera, it being preceded by indisposition of the same character for two or three days; and, indeed, the disease when formed, presents the same ventral symptoms, with the addition of vomiting. Thus patients affected with cholera complain of having been unwell for two or three days prior to the attack ; of having found themselves indolent, their strength and appetite failing, their temper become irritable, the head to be painful, and their nights restless. The cholera now supervenes, marked by torminous pains in the bowels, quickly succeeded by urgent vomiting, purging, and tenesmus, and the urine, as well as the dejections, are in some instances bloody.

The treatment of the cases of cholera, as well as of the dysenteric diarrhœa, though simple, has been uniformly successful, giving speedy relief, and arresting and curing the disorder without one instance of failure, the subject of the fatal case of cholera having died without medical assistance. The treatment has been directed on the principle of allaying irritation, and at the same time of carrying off the offending matter from the bowels, which object has been accomplished by the use of the Tincture of Opium, Castor Oil, and Magnesia, administered in proportions adapted to the exigency of the case, as indicated by the degree of pain, of irritability of the stomach, and of looseness of the bowels. The Tincture of Opium has been given in conjunction with the Oil, the dose of the tincture varying from six to ten drops, and of the Oil from one to three drachms ; after which, in the course of twelve or fifteen hours, the magnesia has been prescribed in the proportion of fifteen grains, twice or thrice a-day. The effect of the oil and laudanum is the allaying the pain and tranquillizing the irritability of the stomach and bowels ; for the purging, instead of being aggravated, is allayed, no evacuation taking place for six, eight, or twelve hours, when the operation of the oil carries off the offending matter by one or two rather copious dejections.

If the dysenteric diarrhœa is left to itself, it is disposed to continue rather than to subside, with this difference, in addition, that the strength becomes exhausted, and the sympathetic disturbance of the constitution amounts to an irregular, though slight febrile movement. Hence many of the patients who have not been under medical treatment had been already ill from seven to ten days before they applied for assistance.

Where, instead of the soothing measures above described, the dysenteric diarrhœa has been treated by acrid medicines, as by emetics and by calomel, the disease, the nature of which is in the first instance purely irritation, is at once aggravated to a muco-enteritis, and much suffering and a protracted illness is the consequence, as I have had the opportunity of knowing from cases which have come within my own observation.

MEDICAL JOURNAL.

BOSTON, SEPTEMBER 6, 1831.

THE NEW QUARANTINE LAW.

There are three avenues, as we apprehend, through which there is more or less reason to dread the approach of cholera. The first is contagion, in a proper sense, or the communication of the disease from persons brought here sick, or seized on their arrival, to others previously in health. It is this danger, against which a port regulation would tend principally to guard us. It may be well, therefore, to consider the degree of this hazard, in order to estimate the value of the security.

The longest period during which the disease has been known to remain dormant in those leaving an infected district for another which was healthy, is about three weeks. This limit we obtain from facts observed at the time of the prevalence of cholera in Orenburg, when persons frequently emigrated to the adjacent towns and were there attacked by the disease. This period falls so far short of the usual duration of a voyage from the Baltic to our ports, that it seems to put out of the question the possibility of any one bringing the disease here in embryo to be developed after his arrival. But this is not so. A person may contract the disease at St. Petersburgh, be taken down with it on the voyage to this country, and convey the contagion (always *supposing* the existence of such contagion) to others on board the ship, who might thus, after a very long voyage even, bring the seeds of the disease to this port, here to be developed, and thus spread abroad this devastating malady. If brought here then at all, it must be so by those who have contracted the disease on the voyage.

If the assertions respecting the non-contagious character of cholera are well founded, there is of course little reason to apprehend the arrival of many subjects under these circumstances. We are not aware that even in vessels arriving at English ports from the North of Europe, has any cholera been actually raging on their arrival; and by a much stronger reason it would appear improbable that it should be conveyed in like manner to our own shores. Should such an event happen, however, and should a vessel arrive here from St. Petersburgh, having cholera on board, or in which a case of the disease had occurred during the voyage, we think the imposition of a quarantine, the detention of all on board, and the removal of the sick, if such there be, to a hospital, to be steps which in every view of the subject would be imperatively demanded. No very long space of time would be requisite to determine whether the disease was about to break out or make further progress, and the detention of the vessel, or all on board, until this point was settled, would be a measure of the most obvious policy. In the case of a vessel in which cholera had occurred on her passage, but in which there were no cases at the time of her arrival, the course pursued by the intelligent physician at the Island would no doubt, as it ought, lean to the side of prudence and caution; and he would owe it to the safety of his fellow citizens to be a contagionist in practice, whatever doubts he might entertain of the theory. To determine the limit of prudence in this case is not at present our concern; it is sufficient to observe, that a vigilant use of the authority thus placed in his hands, after a careful examination of all facts now before the world, will enable this officer to avert the danger which is to be apprehended from this source, at the same time that it furnishes him with an admirable opportunity of investigating this perplexing and difficult subject.

We come next to the second mode

in which the disease under consideration may possibly be conveyed, viz. by substances of animal or vegetable character brought from an infected district. Before considering what will be the probable effect of a quarantine law upon the danger to be apprehended from this source, it may be well to pass in review some facts which go to show what is the amount of the danger itself. At the time when cholera first showed itself in Orenburg, between which and the interior of Persia an intercourse of trade is maintained by means of caravans, the question naturally arose what degree of agency the goods thus conveyed had in communicating cholera from the interior of Asia to Russia. It appeared that about a month previous to the breaking out of the disease, a company of merchants, with the usual articles of trade, had arrived at Orenburg, and that the goods were there unpacked and distributed. So far appeared to favor the idea that the disease was conveyed by this channel. On the other hand, however, it appeared that not one of the caravan itself on their long route, exposed as they were to the influence of this source of contagion, had been attacked with cholera. It also appeared that it had become necessary, in compliance with certain regulations, to open and repack the goods in question. So on the one hand the company had been fairly exposed to the contagion if any existed, and on the other the articles themselves were sufficiently opened to receive entire and thorough ventilation. The other sources of information as to the degree of danger to be apprehended from this cause, are equally unproductive of any positive information; and it may be regarded as still undetermined, whether goods of any description whatever, shipped from a country in which cholera prevails, can convey the disease to a healthy port. If the impossibility of this mode of conveyance be admitted, it is useless to consider the subject farther. If on the contrary we admit this to be a source of contagion, the peculiar character of the goods usually brought us from the ports in question, and their liability to putrefactive fermentation, are circumstances well worthy of attentive consideration. It is also worth remark, that in order to make any quarantine effective in regard to this source of contagion, it is necessary that the goods suspected of conveying it be removed and exposed to atmospheric agency; and to what extent it would be possible to carry this into operation, is a question the answer to which would materially influence our estimate of the benefit to be derived from the restriction proposed.

As respects the third mode of communication, viz. by atmospheric influence, or a proper infection, its modus operandi is involved in so much obscurity as scarcely to admit of any precise reasoning. It is evident, however, that if this be in reality the mode in which cholera is propagated from one country to another, the precautions now proposed will have no effect in arresting or excluding it. As was observed by one of the non-contagious writers abroad, the idea of keeping out infection by physical barriers, by preventing intercourse with the inhabitants of the diseased district, is in every view preposterous. It were as wise to blockade a harbor against the wind, as to shut it up to a pestilence which poisons the very fluid we breathe. Unless the inhabitants of the place in question can be interdicted from performing the function of respiration for a certain time, till the season of danger has passed by, it is in vain that any precautions are adopted to protect them against its ravages. Such is the language of many whose opinions are founded on what appears to them conclusive, and must by all be confessed to be very specious reasoning. Practice, however, cannot always be safely regulated by what seems just in speculation; and were the probability of the disease being contagious much less than it is, it would still be fairly worth considering, whether the removal of a probable or even possible source of danger to our whole population, were not worth a temporary inconvenience to a few individuals.

On the whole, then, we conclude by expressing our sense of the prudence and good judgment which have dictated the present regulation, and our confidence that in discharging the weighty responsibility of carrying it into execution, our Quarantine Physician will exhibit that union of firmness in duty and regard to the interest of others, which have always marked his proceedings in the discharge of the various and important functions of his office.

DESPATCHES FROM DR. RUSSEL AND DR. BARRY.

The London Medical Gazette of July 16th remarks that "Dr. Russel and Dr. Barry, who had proceeded to St. Petersburgh for the purpose of obtaining the necessary authority to secure the facilities at Riga requisite for the objects of their mission, finding that cholera had made its appearance in the Russian capital, have judged it advisable to remain there, in order to watch the disease in a situation where they have an opportunity of witnessing its commencement as well as its progressive stages. The despatch was written so soon after their arrival, however, and the breaking out of the malady had been so recent, that time did not serve for more than identifying the cholera which prevailed on the shores of the Baltic with that which has been of late years the scourge of Hindostan. This identity was at once recognized by Dr. Russel, to whom the cholera of India was familiar. Little, if any doubt, can be said to have existed on this point: still it is satisfactory to have the general opinion confirmed by one who has been an eye-witness of the disease in its two very different and distant localities. The only circumstance worthy of notice, in addition to those we have previously mentioned, is one pointed out by Dr. Russel—namely, the peculiar and characteristic sensation communicated by the tongue of the patient on applying the finger to it. In appearance it is at first but little altered, yet even then it feels cold, and exactly like touching a portion of raw flesh.

No opinion is expressed in the despatch as to the contagious or non-contagious nature of the disease. The mere fact of its manifestation in St. Petersburgh, despite the triple cordon of troops, is a *prima facie* evidence against contagion; but by a private letter which is in town, we learn that the first case occurred in a person who had come down the river in a bark; the second in an individual who had been on board after its arrival; and the third in a soldier who had mounted guard on the boat, to prevent any intercourse with those on shore. If this be the whole truth, and nothing but the truth, it is almost conclusive in favor of the contagionists; but it is to be kept in mind, that the Russian authorities had previously decided that the disease was infectious, and the testimony of those who have already committed themselves by the expression of a positive opinion is to be received with some degree of caution.

The disease was rapidly spreading, and we doubt not but that the next arrivals will bring farther particulars from the medical commissioners."

A letter from Dr. Foy, now at Warsaw, says, that "in the city the disease is generally less violent, and the requisite means of cure are not wanting; but, among the unfortunate Polish soldiers and Russian prisoners, whose skin is remarkably thick, it is impossible to restore, with sufficient promptness, the cutaneous and nervous functions. The primary causes of cholera are still obscure, but what appears certain is, that the disease has always been observed to appear, or where already present, to become aggravated, after four consecutive days of a north wind, after any sudden diminution of temperature, and after draughts of cold water."

RURAL CEMETERY.

The establishment, near London, of an exurbane necropolis, proceeds, pari passu, with that of a similar institution in our own vicinity. Nine thousand five hundred pounds have been invested in the purchase of fifty four acres of land, and the site—on the Harrow road, two miles from the city—is represented to be eligible. If the British Government will afford to this praiseworthy undertaking the same assistance that the imperial head of the French, extended to the proprietors of the far-famed Père la Chaise, no obstacle will present to the entire success of the experiment. The inhabitants of Paris owe the ornament and security they derive from that picturesque cemetery, to an edict from the throne, forbidding interment within the walls of the city—a measure replete with wisdom, and which cannot well be imitated at a too early period in the progress of any city, which promises to be flourishing and populous.

THE EAR.

This is the title of the twelfth number of a very interesting and useful series of scientific tracts, now in course of publication in this city. Dr. Smith, who is well known and deservedly esteemed as a lecturer, on subjects connected with anatomical science and natural history, is the author of the present number. He has delineated the different portions of this complicated organ in such manner as to make it intelligible to the humblest reader, and the text is accompanied and illustrated by numerous figures of the parts described, by which the reader may easily solve any portion of it which might otherwise seem to him indistinct. The impossibility of conveying a clear notion of an apparatus so fearfully and wonderfully constructed as are the organs of sense, without the aid of such figures, must be acknowledged by all; and on more than one occasion we have lauded the method which is here pursued by Dr. S.—viz. the justaposition of the plate and the text it explains—so that the eye can easily, rapidly, and often, glance from one to the other.

Animal mechanism is fraught with instruction. It lets us into a most delightful field of observation and reflection. It opens to us incontrovertible and impressive proofs of the wisdom, the power, and the beneficence of our Creator. Its illustrations cannot be laid at the door of too many of those, of whom it is the noblest study, the most absorbing and elevating occupation.

Effects of Mouldy Bread on the Animal Economy.—It is now three years, says M. Chevalier (Journ. de Chim. Med:, &c., Feb., 1831), since M. Barruel, of the School of Medicine, had handed to him some bread, the like of which, having been eaten, had caused serious effects: he was requested to examine it, in order to discover whether it did not contain poisonous matters. M. Barruel satisfied himself, by an examination, that the bread which was *mouldy* did not contain the slightest traces of hurtful substances. He accordingly inferred that the mouldiness of the bread was the cause of the sinister accidents which had followed eating it. This opinion is strengthened by the following among other facts.

In 1826, Dr. Westerhoff reported the following cases. He was called to two children of a laborer, whom he found display the symptoms of poisoning. These were less evident in the younger of the two, aged eight years, than in the other, ten years old: the latter had the face red and tumid; excited and haggard countenance; dry tongue, feeble and quick pulse. He complained of violent colic pains, giddiness, headach, and inextinguishable thirst. At one time he experienced a desire to sleep, at another, he wanted to vomit.—After a time the vomiting suddenly came on, followed soon by a copious alvine discharge—he felt himself greatly depressed, was indifferent to every object around him, and dozed from time to time. Some medicines were administered, which soon removed these symptoms, and the return to health was speedy. The other child was also relieved by vomiting.

By inquiries of the parents of these children and of the latter themselves, M. Westerhoff learned that the little sufferers had eaten nothing the evening before but a piece of stale, mouldy, rye bread. The doctor could not draw any inferences from this information; but some days after, watermen engaged in gathering shells for the supply of lime-kilns, having made use of mouldy rye bread for food, being part of a small supply with which they had provided themselves some days before, were likewise taken sick, and were freed from their distress by vomiting, which supervened in consequence, and all the alarming symptoms disappeared.

M. Westerhoff now thought himself justifiable in supposing that this poisoning might be the effect of bread altered by the *mucor mucedo.*

Influence of Atmospheric Electricity on the Eyes.—We see peculiar appearances in weak and morbidly sensitive eyes, before the breaking out of a violent storm, showing the positive influence of an atmosphere which has now attained its maximum of electricity; and I am acquainted with several persons who are able, from a certain premonitory feeling of their weak eyes, to predict a thunder-storm infallibly, a considerable time beforehand. As every experienced oculist is convinced of the bad effects of an atmosphere of this kind, he will never extract the cataract during the approach of a thunder-storm.—Beer, *Lehre von den Augenkrankheiten*, 72.

Whole number of deaths in Boston the week ending Aug. 26th, 26. Males, 15—Females, 11. Stillborn, 1.

Unknown, 1—drinking cold water, 1—infantile, 3—accidental, 1—cholera, 2—canker, 1—typhous fever, 2—dropsy on the brain, 2—brain fever, 2—convulsions, 1—consumption, 3—inflammation in the bowels, 1—throat distemper, 1—hooping cough, 2—scarlet fever, 1—cholera infantum, 1—child-bed, 1.

ADVERTISEMENTS.

BERKSHIRE MEDICAL INSTITUTION.

The Annual Course of Lectures, in this Institution, will commence on the first Thursday of September, and continue fourteen weeks. The Trustees have made ample provision for the accommodation of students. The addition of a Demonstrator of Anatomy will afford great facilities for the acquisition of knowledge in that important branch of Medical Science. The expense of the whole course will not be increased. Medical Degrees are conferred at the close of the Lectures in December, and at the annual Commencement of Williams College, with which this Institution is connected. The examination for medical degrees begins on the Wednesday preceding the close of the Lecture Term.

H. H. Childs, M.D., *Professor of Theory and Practice of Medicine.*
S. W. Williams, M.D., *Professor of Medical Jurisprudence.*
S. P. White, M.D., *Professor of Theoretical and Operative Surgery.*
C. B. Coventry, M.D., *Professor of Materia Medica and Obstetrics.*
W. Parker, M.D., *Professor of Anatomy and Physiology.*
C. Dewey, M.D., *Professor of Chemistry, Botany, and Natural Philosophy.*
Edward F. Sing, *Demonstrator of Anatomy.*

Board, including washing, lodging, and room, $ 1,75 a week. Aug. 23—4t.

SURGICAL INSTRUMENTS, MEDICINES, NEW CONCENTRATED MEDICINES, ELECTRICAL APPARATUS, CHEMICALS, &c.

A large assortment of the above Articles constantly for sale by SAMUEL N. BREWER & BROTHERS, Nos. 90 and 92 Washington Street, eight doors south of the Post Office, Boston. Aug. 1.

JOSEPH M. SMITH,
APOTHECARY AND CHEMIST,
138 Washington Street,
BOSTON. July 1.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

Vol. V.] TUESDAY, SEPTEMBER 13, 1831. [No. 5.

I.

CASE OF PERIOSTITIS OF THE HEAD SUCCESSFULLY TREATED BY FREE DIVISION.

By Archibald Blacklock, Esq. Surgeon, Dumfries, late Surgeon to the Royal Navy.

Oct. 12, 1830.—Mr. W. V. aged 24, about eighteen months ago, began to be affected with severe pain in the left side of his head, which has seldom or never intermitted, although there have been daily remissions, or periods of mitigated suffering. The pain is most distressing during the day, and least so when warm in bed. He feels always cold when not in bed, and inclined to be near the fire, where he sits in silence, holding his head occasionally with both hands. Pulse seldom under 100, and often much above that number, and of moderate strength. Appetite bad; thirst distressingly urgent; and he can hardly be prevailed upon to resist drinking large draughts of cold water. Tongue sometimes covered with a white film, but upon the whole pretty natural. Bowels regular. Perspires a good deal in his sleep.

Mr. V. consulted me by letter five or six weeks ago, in which he stated, that he had been attended through the greater part of his illness by two practitioners of eminence and experience, under whose direction he had taken, in large doses, carbonate of iron and sulphate of quinine, mercury and sarsaparilla, and other medicines with which he was not acquainted. The head also had been leeched and blistered. Having received little or no benefit from these remedies, he went in July last to Dublin, for the purpose of consulting Abraham Collins of that city, who was of opinion that the pericranium was thickened, and recommended its division with the scalpel. This, however, was not done. In my reply to Mr. V. I advised him to try the effect of the arsenical solution, and, at the same time, called attention to the recommendation of Mr. Collins as a means of relief. He took the solution in doses of six or seven drops twice a-day for nearly a month, without any amendment, and this morning he came to Dumfries to be under my care.

Still suspecting the disorder to be of a neuralgic nature, I again tried the arsenical solution, administering the doses myself, and pushing the medicine as far as I considered safe. I afterwards cupped him on the back of the neck to twelve ounces. His sufferings progressively increasing, he went by the mail to Edinburgh on the 24th of Oct., and saw Dr. Abercrombie the same evening, who wrote to me as follows. "After all that has been done without benefit in this distressing case, I have no hesitation in stating to you at once the measure which I would recommend. It is a free crucial incision through the portion of the scalp which is tender to the touch. This seems to be about the size of a dollar, and I would carry the incisions quite through the pericranium, and dress them so as to prevent adhesion, and let them heal slowly, with free suppuration. This will certainly be attended with present relief. Should the benefit not be permanent, I would repeat the incisions more freely, and always quite through the pericranium, and endeavor to keep them longer in a discharging state." Next day Mr. V. returned to Dumfries; and on the forenoon of the 26th, I made a very free crucial incision through the pericranium covering the posterior part of the left parietal bone, and quite traversing the part most tender to the touch. The hemorrhage was profuse. Having ascertained that the pericranium was only partially divided, I drew the scalpel along it, which produced excruciating pain, and a kind of convulsive trembling, if I may so speak, over all his body, although he had not previously complained. The bone appears sound, but, from the acute suffering which attended the division of the pericranium, there can be no doubt of that membrane being in a morbid condition. I think it is thicker than usual; and in this opinion I am joined by Mr. M'Lauchlan, an intelligent surgeon here, who was present at the operation. The scalp, indeed, at the line of division, is unusually thick. —10 P. M. Has been quite free from pain since the operation, and uncommonly cheerful.—Oct. 27th. He rested well during the night, without uneasiness in the wound, or on that side of his head; feels a little uneasiness on the opposite side, to which he had not been accustomed. Pulse 100.—4 P. M. The pain has left the right side of his head, where it continued to give some slight annoyance the greater part of the day. He complains now of deep-seated pain in the occiput. No uneasiness near the incision. Pulse 120.—Oct. 28th. Had a good night; feels a little pain in the right side of his head, but not the slightest uneasiness in the left. Says he has not for many months been so exempt from all suffering on the left side of his head as since the operation. The deep-seated occipital pain complained of yesterday evening is gone.

Oct. 29th.—Slept well during the night, and feels no pain whatever this morning.—Oct. 30th. Since yesterday morning, has occasionally had a little uneasiness in the right side of his head, and towards the occiput. Pulse 96. In the afternoon the dressing was removed after a poultice had been applied for a few hours to facilitate separation. The wound, which was very open, was discharging sufficiently for the time. The pericranium is extremely irritable, the gentlest touch with the probe causing agony. Does not complain when the probe is pressed against the other parts of the wound.—Nov. 2d. Has been almost entirely without headach since last report. Wound has a healthy aspect, but is still exquisitely sensible at the bottom. When the pericranium is touched, he compares the sensation to a sharp instrument passing through the brain.—Nov. 5th. For the last three days, a little pain has come on toward evening; it is principally felt in the lower part of the occiput, and occasionally shoots as it were through the brain to the left eye. This suffering soon goes off after retiring to bed. There is no uneasiness in the wound, nor in its immediate neighborhood.

Nov. 12th.—Has had no headach, nor uneasiness of any kind, since the 5th. The wound is today quite healed, notwithstanding the nicest care has been taken to prevent its closing, by daily filling it from the bottom with small pieces of lint spread with resinous ointment. — Nov. 17th. Continues well, and this afternoon he set off in good spirits for Liverpool. It may be proper to add, that Mr. V. has taken no medicine, with the exception of a little Epsom salt, since the operation.

After Mr. V. had quitted Dumfries about two weeks, I was somewhat disconcerted by receiving from him, on the 5th December, a letter, in which he states, that his headach had returned, and for some days had been so severe as to induce him to think of having the scalp and pericranium again divided. This he ascribed to the accident of having struck his head, a few days after returning, rather forcibly against a bird-cage suspended from the ceiling. The injury was received near the spot where the incision was made, and caused very acute pain at the moment. A few days after he again came to Dumfries, and put himself under my care with the purpose of having the operation repeated.

On carefully examining the head, however, I found that the suffering was not in the situation in which the parts had formerly been divided, but in the lower part of the occipital region, towards the nape of the neck. In the latter part I introduced a seton, with the view of establishing a thorough counter-irritation; and ever since the discharge became copious the pain has seldom or never been troublesome. I conceive, therefore, that since the latter pain has no connection with the former seat of disease, the crucial division of the scalp was completely effectual in removing the periosteal inflammation, and that the cure is now (14th February 1831) completed.

By a letter dated the 19th current (May), Mr. V. informs me, that he removed the seton some weeks ago; and while he states he is in good health, he makes no mention of the return of the original complaint, nor of the pain of the inferior occipital region, for which the seton was inserted.

I cannot say whether the second affection, for which the seton was introduced, was connected with the previous pericranial disease. It is, nevertheless, probable, that the blow on the head renewed in some measure that morbid action which had been so recently arrested by the incision.

In this manner, therefore, this case, which completely baffled, during the long period of eighteen months, the whole class of tonics, as well as the most energetic treatment by leeching, blistering, mercury, &c., was permanently cured by free incisions.

In the course of the last few years I have met with two cases similar to the above, in women between forty and fifty years of age, which were ultimately treated by incision; and in both instances I found the bone eroded over a space nearly as large as a sixpence. The incisions were healed by granulation, and no exfoliation occurred in either case. The relief, although considerable, and in the end complete, was by no means so immediate as in Mr. V.'s case.

The same painful affection, no doubt, sometimes attacks the covering of other bones as well as that of the skull. I have met with it on the front of the *tibia;* and in one instance of this kind the patient was a little boy not more than five or six years old, who, as far as could be ascertained, had not received any external injury, and in whom it was pretty evidently an idiopathic disease. An incision through the periosteum at once put an end to it.

I think, with Dr. Crampton, who has written so well upon this subject, that *periostitis*, both acute and chronic, very often occurs unconnected with any specific disease, and in such cases mercury, instead of mitigating, aggravates the suffering. It appears also that this disease is, in its commencement, strictly confined to the *pericranium*, from which it extends, if not interrupted by an incision, to the subjacent bone, and, I presume, ultimately to the dura mater. That it proceeds from the *pericranium* to the bone was well exemplified, I think, in the cases of the two women alluded to; for although the bone was bare and a little eroded in both of them, the disease proceeded no further after the pericranium was divided; no exfoliation, as I observed, took place. It is now upwards of two years since the last of these cases occurred, and the patients are still living.

It is, moreover, not a little remarkable, that inflammation of the pericranium, when produced by disease *extending from the subjacent tissues*, is by no means an acutely painful affection;—it is very frequently quite the reverse. In 1813, I received a young French soldier into the Pegase Hospital Ship at Portsmouth, for a slight febrile attack, so very slight, that the late Dr. W. B. Smith, who had the principal charge of the sick, doubted the propriety of his admission. A day or two after, my attention was drawn to a little fulness over the root of the left mastoid process, which was tender to the touch, and communicated an indistinct feeling of fluctuation. It was immediately punctured, and a trifling quantity of a thin sanious liquor escaped. He now told us, that he had been long subject to a purulent discharge from his left ear, which for a few days had ceased. He had not been troubled with headach. Next day he was comatose, and soon died. The pericranium was found detached under the swelling which had been punctured, and the bone porous, so much so, that at several points the probe could be easily passed to the brain. The dura mater was more extensively separated from the bone than the pericranium, and covered, where the separation had taken place, with purulent matter of a greenish tint. The left lateral sinus terminated in a *cul de sac*, where it enters the *foramen lacerum*, and, instead of blood, contained pus.—I mention this case merely as an example of disease proceeding *from the interior to the exterior* of the skull, and of the little disturbance which is occasioned by the pericranium becoming inflamed and disorganized even in that way. It is not at all a rare case. Had it been so, I would have hesitated to introduce it here, for what is very uncommon is seldom of much importance in pathology.—*Edinburgh Med. and Surg. Journal.*

II.

ERGOT OF RYE IN VARIOUS KINDS OF HÆMORRHAGES.

Epistaxis.

Case I.—A child, five years of age, was subject, for two years past, and without obvious cause, to epistaxis from the left nostril, which, however, was readily suppressed by the usual means. But sometimes the bleeding continued, more or less, for a considerable time after the principal hæmorrhage. Dr. S. prescribed eight pills, each containing four grains of the ergot of rye, and one to be taken every two hours. In a few hours the hæmorrhage ceased, and returned no more. The medicine was afterwards taken as a preservative.

Case II.—A young woman, aged 15 years, and who had not menstruated, was seized with gastric inflammatory fever on the 10th of August, 1829. On the 14th, in the evening, hæmorrhage took place from the left nostril, and went on to an alarming extent. This hæmorrhage was habitual; but had hitherto been easily restrained. This time it had continued 16 hours when the reporter arrived. A drachm of the ergot of rye was divided into six equal parts, one to be taken every ten minutes. The nostril was cleared of all clots of blood, and no mechanical means of arresting the hæmorrhage were used. The hæmorrhage continued during the exhibition of the medicine; and a second quantity was ordered. Immediately after the exhibition of the first dose from the second batch, the bleeding stopped. The ergot was continued through the day. During the succeeding two days some drops of blood oozed from the nostril, then stopped entirely. The fever ran its usual course—the patient recovered—and lost her habitual epistaxis.

Hæmoptysis.

Case I.—A female, aged 42 years, who had ceased to menstruate, and who was subject to pulmonic affections, consulted the narrator in the autumn of 1828, on account of a severe cough, accompanied by sanguineous expectoration, and sometimes pure blood. There was no fever; but the pulse was hard and full—the respiration short and embarrassed. Venesection and purgation were prescribed, with rigid diet. Next day the pulse was natural; but the discharge of blood from the lungs continued. Another bleeding was ordered, and a grain of digitalis every two hours. On the third day, the hæmoptysis continued, though the other symptoms were mitigated. A drachm of the ergot, divided into eight doses, was ordered to be taken within the 24 hours. After the fifth dose there was not a trace of blood in the expectoration. Another drachm, however, was administered, and no more hæmorrhage was seen.

Case II.—M. G., a young man, aged 21 years, was seized with a severe cough, accompanied by sanguinolent expectoration, in the summer of 1828, in consequence of stripping off his clothes during a profuse perspiration. Fever and palpitation were added to the other symptoms. Venesection, quietude—diluents—digitalis, &c. relieved the cough, fever, and palpitation; but the hæmoptysis continued. A drachm of the ergot was therefore administered in 24 hours, and the hæmorrhage was completely arrested. In order to prevent a relapse, another drachm was given in the course of two days. Some months afterwards there was a return of hæmorrhage, though slight in degree; and the young man sent, of his own accord, for a drachm of the ergot, which stopped the discharge.

Case III.—Madam N. B., 72 years of age, had suffered of late years from severe catarrhal affections. In the month of July, 1828, she had a fall, and bruised the left side of the chest; which was followed by cough and spitting of blood. She disregarded the accident, and pursued her usual regimen. The reporter was called on the 20th day after the accident, and, considering the complaint as a topical affection, ordered some leeches to the side, and prescribed low regimen. A drachm of the ergot was ordered in the 24 hours; and as she was in the habit of drinking wine, the usual quantity was allowed, in order to ascertain more correctly the effects, if any, of the medicine. In the course of the next day, the blood disappeared from the expectoration, and was no more seen.

Case IV.—A. M., a young girl, about the age of 12, had suffered for some time from severe catarrh. On the 26th January, 1829, she expectorated blood, and more or less of this fluid continued to be ejected by coughing. Half a drachm of the ergot was directed in the 24 hours. The sanguineous expectoration nearly ceased within that time; but the medicine was continued for four days, when it ceased entirely.

Hematuria.

Case I.—Mr. C., a gentleman about 70 years of age, was attacked by ischuria, which resisted the usual remedies, and the catheter was introduced for 20 days in succession. At this time a considerable hæmorrhage took place from the urethra, which continued and became alarming. The ergot was prescribed, and after the first dose, there was no more blood passed from the urethra.

Several other cases are related, where the ergot succeeded in restraining hæmorrhages from the lungs, the womb, the bladder, and other parts; but we think the foregoing are sufficient to excite the attention of the profession to the remedy. There is this recommendation to the article, that there appears to be no possible *objection* to its exhibition. It is not an excitant or stimulant. If it possesses any properties, they are of the *specific* class—that is—they are not under the dominion of any general rules relating to the animal economy.—*Transactions Medicales.*

III.

EXCISION OF SCIRRHOUS RECTUM.

Our readers are well aware that M. Lisfranc is in the habit of excising the lower extremity of the rectum for what in France is called cancer of that gut. They are probably aware, also, that the term in question is not restricted in that country to the same malignant class of disease, to which it is limited by us; and consequently that in many cases the operation is performed for affections not essentially malignant. This being premised, we may mention some circumstances respecting excision of the rectum, which are not undeserving of attention.

The peritoneum descends along

the front of the rectum to six inches from its extremity in woman, to four inches from the same in man. By means of an ovoid incision in the skin around the anus, the rectum can readily be drawn out behind, and any kind of instrument may be applied to it; there exists a second sphincter above the first. M. Lisfranc has removed as much as three inches and a half of the rectum, and he recommends the operation whenever the fore-finger can reach beyond the upper margin of the disease, and when the cellular texture external to the gut is sound. The operator must bear in mind that the antero-posterior diameter of the perineum is generally one inch, the distance of the anus from the coccyx eighteen lines, and that between the anus and the base of the same bone two inches; that considerable portions of the rectum may be removed laterally and posteriorly without wounding the vagina in woman or the urethra in man; and finally, that hæmorrhage may always be arrested by pressure or by ligatures. In the performance of the operation the patient is to be placed as in the lateral operation for lithotomy—two semilunar incisions are to be made around the anus—and the rectum to be insulated in its inferior extremity, drawn down by the fore-finger introduced into its cavity, and cut off by means of scissors. After the cure, the fæces are sometimes voided in the usual manner, sometimes a *bourrelet* is formed internally and takes the place of the sphincter, sometimes there is incontinence of liquid fæces, and sometimes the patient is obliged to stuff the rectum with lint. Out of nine cases of operation related by M. Lisfranc, six ended favorably, three fatally.

Medico-Chirurgical Review.

IV.

POISONING BY CANTHARIDES.*

A YOUNG woman serving in a dram shop administered some lytta in raspberry brandy to two young men, each of them taking half a pint of the liquor in question. One of them soon afterwards set out for Stourport, six miles distant, but was seized on the road with violent pain in the stomach and bowels, which compelled him to sit down frequently, insomuch that he was six hours in reaching the place in question. Mr. Williams of Bewdley was summoned, and found him suffering from violent pain in the stomach, bowels, kidneys, and bladder; a constant desire to make water; and a burning heat in the throat. Vomiting was produced by a mixture of sugar, water, and sweet oil, and afterwards he was ordered to drink freely of linseed tea.

At 4, next morning, the skin was very hot, the sense of burning in the throat more urgent, the straining to make water incessant, whilst only a few drops of blood were voided, the pulse 100, the tongue thickly coated. *V. S. ad* ℥xij.—*Enema, ol. ric.* ℥iss. At noon the strangury continued, with much tenderness in the region of the kidneys, ureters, and bladder; bowels opened; pulse 100. *V. S. ad* ℥xiv.—*Rep. ol. ric. et enemata. Linseed tea and barley water.* At 5, P. M. the tenderness was much increased; pulse 115; great restlessness, with occasional delirium. *V. S. ad* ℥xvj.—*Ol. ric. et enemata.* 12, P. M. Restlessness very great; constant delirium, with some slight convulsion; face much flushed, and conjunctivæ injected; strangury distressing; pulse 125, hard and incompressible. He was bled to ℥xxiv., kept in a state of syncope for nearly an hour, then allowed to lie down, and eight drops of laudanum in some linseed tea were given him. After this the urgent symptoms ceased, though the urine continued somewhat bloody, and the tongue peculiarly coated till the 6th or 7th of July. The patient was then convalescent.

---

* Midland Reporter, No. XI.

We need not give the particulars of the other case, as the symptoms were similar to those of the last, and the same kind of treatment, though not so active, proved successful.

V.

FATUITY FROM AN ACCUMULATION OF ASCARIDES.

Elizabeth Whittingham, a girl of 14 years of age, of a pale, gloomy, and vacant countenance, whose employments were sedentary, and who had never properly menstruated, was admitted an out-patient of the Bath United Hospital, Tuesday, October 28, 1828.

Her appearance and manner gave the strongest impression of idiocy, or rather mania. The brow was contracted; the eyes restless, wandering, and betraying suspicion; and she made repeated attempts to escape from the room. She refused to answer, or did not comprehend the commonest questions, and betrayed the utmost reluctance to a protracted investigation. From the information of her mother, who accompanied her, it appeared that she suffered chiefly from drowsiness, pain of head, vertigo, syncope, and hiccup; that she had more than once fallen down, and was totally indifferent to everything, and every person around her; her abdomen was large and tense; she had flatus, borborygmi, and costive bowels; the pulse was quick and sharp; and the tongue slightly furred.

To be bled immediately to 10 ounces.
To have a three-grain calomel pill every other night, and a purgative draught every other morning.

31st.—Less drowsy and oppressed, but "memory entirely lost, calling one thing for another;" is freely purged, motions less dark, and has discharged a vast quantity of ascarides, collected and agglutinated into round masses; countenance and manner little altered.

Increase the dose of calomel to five grains every other night, and continue the cathartic mixture.

Nov. 4th.—Countenance dark and suspicious, but speaks rationally; the stools are more healthy, and fewer masses discharged.

Continue the medicines.

7th.—Countenance bright and cheerful, evacuations natural, expresses herself thankful for the attention shown her, and is free from complaint.

1829.—This girl, when last heard of, remained in good health, and actively employed in her usual business, that of a sempstress. Her case is recorded, not on account of anything very remarkable being attached to it, but as capable, perhaps, of affording a hint as to prognosis. Her demeanor was so eccentric, and her whole appearance so decidedly maniacal, that it might, in some instances, have led to severe and improper measures of treatment or of coercion, and the unfortunate sufferer, it is possible, have been actually driven into that state, which was, at present, only simulated.

Nothing certainly could be more remarkable, or present a greater contrast, than the face of gloom in the commencement, and the cheerful and pleasing demeanor at the termination.—*Medical Gazette.*

VI.

CASES OF LOSS OF VOICE (APHONIA) CURED BY OXYGEN.

By Robert John Thornton, M.D. Member of the Royal London College of Physicians.

Miss Norton, of Fish street hill, and niece of Mr. Grey, of the Isle of Wight (who was cured, by the same remedy, of asthma which had existed fourteen years), was afflicted with loss of voice four years, so that she could not be understood, except by her mother, who by carefully watching the movements of her lips, made out what she intended to express by words. This complaint is probably dependent on those peculiar nerves called recurrent, which give energy to the numerous muscles of the glottis, and being unaccompanied by a disease of the lungs, is to be treated as a purely nervous affection. Miss Norton inhaled by my advice two gallons of oxygen, diluted with twice that quantity of atmospheric air, daily, together with a tonic (compound tincture of gentian), of which she took a teaspoonful three times a day. After pursuing this plan for three months, she completely recovered her voice.

Mr. Anstead, who is collector of the water gates for our division, and who lives at No. 55, Warren street, Fitzroy square, consulted me for a similar affection of the nerves of the glottis, and having no cough, or reason to fear of any affection of the lungs, was in two months time entirely cured by the same treatment, and has remained free from any indication of a recurrence.

Mrs. Colonel Blount, afflicted with loss of voice, and symptoms of chronic inflammation of the mucous membrane of the windpipe, &c., received the following directions, viz. two gallons of oxygen, diluted with the same quantity of atmospheric air, to be inhaled for three days, and then the oxygen alone for a fortnight, which was accordingly administered by Mr. Worthington, who prepares and administers the gases, and she was by it, at the end of that time, completely cured.

I beg leave to observe, as birds sing principally in the spring and summer, may it not be from an increased quantity of oxygen in the atmosphere, given out by every green leaf? It is observed by Sonini, "that the nightingale, which comes to us in the early part of April, loses, on its retreat to the shores of Africa, its melodious voice, and seems in that climate only to *croak.*"—*Gazette of Practical Medicine.*

VII.

PALSY OF THE LOWER EXTREMITIES.

A young woman, about twenty-six years of age, of a spare habit of body, having for some months been affected with inflammatory fluor albus, applied at the Middlesex Hospital for medical advice. The physician prescribed an injection, composed of prussic acid, acetate of lead, and water, to be used three times a-day. After using this injection three days, she experienced a peculiarly dull sensation in the lower portion of the bowels, and particularly in the region of the bladder ; but the affection for which the remedy was ordered having been greatly relieved by it, she persisted in its use. After she had continued it regularly for a fortnight, she was unable to exercise the lower extremities. The injection was now discontinued, and the patient being convinced that the paralytic affection of the legs was occasioned by it, applied to another physician, who pronounced her case to be palsy, and attributed it to the use of the injection of prussic acid and lead. After emptying the bowels by a dose of rhubarb and calomel, and improving the state of the digestive organs by a mild stomachic, he prescribed the alcoholic solution of strychnine,* which, in the course of a fortnight, succeeded not only in curing the paralysis of the lower limbs, but in improving her general health. This case is very interesting, as showing the danger of throwing into the vagina of a delicate female, so powerful a sedative as prussic acid with lead, a practice which is very generally adopted, in cases of inflammatory or irritative fluor albus, by some leading accoucheurs of this metropolis. It is also interesting, as showing the speedy effect of strychnine in the cure of palsy of the lower extremities, produced by the action of a poison, and unattended with any spinal affection.—*Gazette of Practical Medicine.*

---

* See Vol. 4 of this Journal, p. 260.

MEDICAL JOURNAL.

BOSTON, SEPTEMBER 13, 1831.

EFFECTS OF MEDICINE IN HEALTH.

There is no branch of medical inquiry which better deserves to be pursued, than that into the effects of the medicines in common use on the human system, in a state of health. It is true, that the point in which we are directly interested, is the influence exerted by these substances in disease. Still, there is a large amount of information to be obtained by those who are willing to make themselves the subjects of experiment, and to ascertain what influence is excited on the various structures and functions by medicinal articles, and through what medium their beneficial operation is ordinarily conveyed. That the ultimate effects of remedies are modified by the state of the system, there can be no doubt ; and the peculiar operation by which each article cures disease, can only take place during the prevalence of disease itself. But the direct effect, the primary influence, on the performance of particular functions, can hardly be conceived to differ in the two cases. If the proximate effect of calomel be to increase the biliary secretion, this effect will be manifested in a healthy, as well as in a morbid state ; or the difference, if any, will depend on the susceptibility of the secretive organ to its influence, a circumstance not always necessarily connected with the disease in which the article is indicated. If opium first exalts, and then depresses the nervous sensibility; if it increases the force of the circulation, and produces constipation of the bowels, these are as truly and certainly its effects in health, as in disease, and are modified in degree during the prevalence of the latter, only because the susceptibility of these functions to be thus affected is itself modified by the morbid change. Exceptions to this law have been observed, but they will be found, on examination, to be rather apparent than real. Thus digitalis, which proves diuretic in dropsy, is said not to exhibit this quality in a state of health. This, however, is very well explained by the increased susceptibility of the kidneys to stimuli, in the former case; a fact which is also proved by various other evidence. But, whatever may be thought of a few instances like the above, the general principle will be found to hold good, that medicinal articles act on the same functions, and with a degree of force by no means dissimilar, in a state of health and during the prevalence of disease. Such being our view of this subject, we regard, with great interest, any attempts on the part of intelligent men, to ascertain with accuracy, by experiments on their own persons, the kind and degree of energy possessed by medicinal articles. In many respects such experiments possess an advantage over those made with the same articles in the course of practice. Patients are not always very accurate in describing their sensations, and it is with great difficulty that the effect of every article, even on the sentient system, can be fairly determined. A similar difficulty, arising from want of care in observing, or want of accuracy in noting, the effects of remedies, applies in a very considerable degree to those of every description. Other difficulties arise in practice, from the reserve which the practitioner finds it necessary to employ in making inquiries, which imply doubt; and from the operation of hope on the mind of both parties, which leads the patient to attribute to a medicine, effects which, in fact, are due to other causes, and the physician to acquiesce in this sort of reasoning, without due examination. If the symptoms are relieved, it is the part of both benevolence and policy to have this effect attributed to the article employed, and not to make too strict inquiry into the mode in which the result has been attained. Indeed, we apprehend it is not uncommon, when the exhibition of an article has been followed by relief, to take it for granted, that certain immediate effects followed the use of the remedy in accordance with its general character, and that the sanative operation followed as a matter of course. Thus, when tartarised antimony has been administered in pneumonia, and relief has followed, it is natural to adopt the inference that the force of the circulation has been lessened, or that a transfer of action has taken place to the cutaneous exhalants. In like manner, a sudorific is presumed to have acted by sweating, and an expectorant by exciting the pulmonary secretion: while, in each individual case, the ultimate result is so much the most interesting, as to make the other for the time a matter of comparative indifference. In order to render an experiment satisfactory, the patient must himself be a party to it; and the proper degree of coolness, to pursue such an inquiry, can hardly be expected in one who feels his life, or health, to be involved in the result. In fine, the cure of disease is a distinct purpose from the investigation of the virtues of a remedy; and although it is possible to pursue them jointly, yet so long as the former is the principal object, the latter will be but feebly followed, and imperfectly attained.

We have been led to make these observations by an account in the journals of a Society at Leipsig, formed for the purpose of performing a series of experiments on some of the most important articles of the materia medica. At the head of the Society is said to be Professor Soerg, of Leipsig, and the results are published under his authority. The most important articles which have been already submitted to this sort of examination, are nitrate of potash, hydrocyanic acid, and the root of valerian. Nitre was found to increase very sensibly the secretion from the kidneys, and with almost equal certainty from the alimentary canal. The first sensation produced by it, was that of thirst, and dryness of the mucous membrane of the mouth; this was followed by an increase of its secretions; and a similar succession of actions appeared to occur in other parts of the canal. Its cathartic operation was accompanied with pain and griping. M. Soerg regards the sensation of coolness, which is experienced in holding nitre in the mouth, or applying it to the throat, as having given rise to an idea of its discutient virtues, which is not justified by fact. Under its use, the pulse at first diminishes in frequency and force, but is afterwards accelerated, and becomes stronger; and this effect was found, by those who practised the experiment, to be durable and permanent.

The results obtained with the prussic acid are highly curious and interesting, but do not admit of being conveniently analysed. With respect to valerian, the only positive effect obtained from its use was that of a moderate excitement of the nervous system, manifested by an exhilaration of the spirits, not accompanied by any unusual change in the pulse, and not followed by depression or somnolence. The author concludes, therefore, that the virtues of valerian, in disease, cannot be of much, if any, importance. This inference appears to us somewhat too hasty. In most substances which act as narcotics, this may be regarded as a secondary effect, consequent on a state of exhilaration and excitement of the nervous system. This remark obviously applies to alcohol, and will, we think, be found to hold true of opium also. The period which elapses between the primary and secondary stages, is influenced by many causes, but appears to be mainly dependent on the presence or absence of other external stimulus. In order to test fairly the degree of analogy in the operation of these two agents, it is necessary to compare their effects, when employed under similar circumstances. Alcohol, when swallowed under the influence of various stimuli, as light, sound, &c., acts as a stimulus to the nerves, and this effect may be prolonged until the period of its action terminates. If these stimuli are not present, the effect of alcohol, after a short and even insensible interval, is to produce somnolence. On the other hand, an opiate taken at night, and followed by rest and silence, will very shortly incline to sleep, while the same quantity of the same article, taken during the day and under the influence of external causes of excitement, will have apparently an opposite effect. This is well illustrated, occasionally, in the case of persons swallowing laudanum by mistake, when, if the dose is not excessive, and the patient is sensible of the mistake within a short period, it will be found to act scarcely at all, as a soporific, under several hours from the period of exhibition. We noticed this lately in a patient of our own, who, after taking three drachms of laudanum, experienced no somnolent influence for the space of some hours; in the meantime he complained that the eyes were *set open*, a sensation often experienced after the use of strong tea. Habitual opium-eaters, as is well known, experience an effect very similar to intoxication. Now we think that these facts go to explain the want of effect from the valerian in the above experiment, without involving the inference of the inefficacy of the medicine, which we ourselves, in common, as we think, with many others, have found at times a valuable palliative, since it possesses a certain degree of control over the nervous irritability, without inducing to any sensible degree the unpleasant effects of other narcotics. For the rest, we repeat, that we regard experiments, like the above, carefully conducted, as calculated to bring to light very interesting facts in regard to the operation of medicinal substances, and we hope those will be found among us, who will follow the example thus set them abroad, and be willing to incur some personal inconvenience for the information and advantage of their fellow-men.

CHOLERA AT ARCHANGEL.

We have been favored with the perusal of a letter from a gentleman of our acquaintance, now at Archangel, to his friend in this city, in which it is stated that an epidemic disease, probably the same as that prevailing in the more southern parts of Russia, is now existing there to the great terror of the inhabitants. The writer, however, appears wholly without apprehension for his personal safety, and remarks, that it is fatal only among those who live in poverty or filth, or who are addicted to habits of intemperance. It is among such subjects, we apprehend, that this epidemic has, in other places, committed the greatest ravages; and it is to a constitution supported by *temperance*—temperance in habits of living, thinking, and feeling, that we must all look, when exposed to its infection, for security against its attack, or support under its inflictions.

The following extract from the London Times is full of interest, and accords with all the best testimony in the case, which is now before the public.

We have seen, says a writer in the Times, several letters from the East Indies, some of old and some of recent date, in which mention was made of cholera. The following is an extract from one of them:—"The cholera has been most destructive. I had lately a conversation with Ramohun Finjee, a celebrated native physician; he compared the disorder to a whirlwind which proceeded from the south-east to the north-west, but occasionally made a curve, turning sometimes to the east and sometimes to the south-west backwards, and then again progressing to the north-west. This Ramohun Finjee says, that from the observation he has had opportunities of making in several extensive districts, the first and certain victims to the disease were opium eaters and persons addicted to ardent spirits: the second class of victims, but less certain, were those who lived poorly, on rice and water; but those who were temperate and lived generously—such as drank coffee, and milk thickened with rice and mollified with sugar, and occasionally ate animal food, were one and all completely exempted. And he accounts for the various opinions of medical men, as to contagiousness or non-contagiousness of the disease, by the fact, that those whose bodies were predisposed by opium or ardent spirits, contracted the disease if they touched or even approached persons suffering under it; and that those whose bodies were hardened by temperance and generous living, inhaled the breath and handled the bodies of the diseased with impunity. In India, as everywhere, temperance is the great preventive of disease. If the poor, hard-working classes, could be induced to substitute for their drams of gin, a good mess of milk thickened with rice, or a cup of strong coffee, they may hope, not only to make their home more comfortable, but to escape the cold iron gripe of cholera. The rich, though their habits of life predispose them to disease, are generally soon frightened, and become cautious when they hear of the approach of any serious disease. We cannot think, however, that the preservative now in fashion among ladies and gentlemen of rank is a very wise one. Those who live upon bread and water may find brandy a safe stimulant; but those whose blood is heated by ragouts and champagne, and Roman punch, may find brandy a stimulant too much."

We cannot but commend, in the highest terms, the wisdom of the Board of Health, at New York, who have after all struck upon the right principle of quarantine. They have decreed that all vessels infected, or supposed to be infected, with cholera, shall be *discharged* at the quarantine, iron in bars only excepted; and that all vessels arriving off the port, with this disease on board, shall not be *boarded* by the pilots, but by them shall be shown into safe anchorage at the Horse Shoe. Little benefit can arise from detaining a vessel in whose hold the infection is supposed to be contained, without exposing the cargo to the air; and the requisition of *discharging* the vessel, at quarantine, is the greatest safeguard which the government can afford the people against the introduction of any foreign pestilence.

In addition to the above, the New York Board of Health have appointed Drs. Hosack, Stevens and M'Neven, a committee, to open a correspondence with medical gentlemen in Europe or elsewhere, for the purpose of receiving all the information possible on the nature, symptoms and cure, of this disease—a measure which our happy deficiency of experience in the care of those suffering under it, and the possibility of its visiting our shores, render extremely important.

Cancerous Ulcerations of the Face.—Ulcers of the lip are sometimes prevented healing merely by the motion of that part, or the indirect irritation produced by disorder of the digestive organs, when pressure and a sulphate of zinc or black-wash is sufficient for the cure. Thus a farmer applied to Mr. Syme with a small superficial ulcer on the lip, nearly the size of a sixpence, which had resisted all the means already employed. Under the application of a piece of lint dipped in black-wash, covered by a piece of oil-silk, and supported by a bandage to prevent motion of the lip, the sore was diminished to half its former size in two or three days, and the farmer went into the country.

For cancerous affections of the tongue Mr. S. recommends the knife in preference to ligature. Having removed a large ulcerated tumor of the tongue, nearly half of which was engaged in the disease, the wound healed, and all seemed doing well. Not long afterwards the complaint began to return, affecting not only the tongue but the floor of the mouth.

The Eye Institution of Manchester.—This was instituted in 1815, and has had to struggle with many financial difficulties. Its medical establishment consists, at present, of a consulting physician, two surgeons, and two assistant surgeons. It has a small house in which four or five beds are provided for the reception of cases requiring the more serious operations. The number of cases annually treated here has *exceeded one thousand;* and the expenditure has rarely been more than £400!—*North of England Med. and Surg. Journal, Nov.* 1830.

Amaurosis caused by the Spontaneous Suppression of Scald Head, successfully treated.--Dr. Weber, of Bouxviller, relates the following case. A girl of 13 years of age, previously in good health, was attacked with amaurosis apparently in consequence of the spontaneous suppression of tinea capitis. Mr. W. had leeches immediately applied behind the ears, followed by an emetico-cathartic potion, a blister to the back of the neck, and a decoction of the flowers of the arnica, and the root of valerian (two drachms of the former to six of the latter; half a pint of water, and half an ounce of loaf sugar; a spoonful every three hours); and finally an issue in the arm. The sight was entirely reëstablished.—*Gazette Médicale de Paris, March 26th*, 1831.

Lithotrity in Asia.—Dr. Civiale communicated to the Academy of Sciences of Paris, a letter addressed to the Minister of Foreign Affairs, by the French Agent in Bagdad, announcing the performance in the latter city of the operation of lithotrity on twelve persons, by a German surgeon named Martin, and all of whom were perfectly cured, except a child who was obliged to be cut in consequence of the great size of the stone.—*Gaz. Medicale, Feb. 12th*, 1831.

Whole number of deaths in Boston the week ending Sept. 1, 27. Males, 18—Females, 9. Stillborn, 1.

Of bilious fever, 1—dropsy on the brain, 3— dysentery, 7—canker, 1—lung fever, 2—drowned, 1—typhous fever, 1—teething, 3—consumption, 3—scarlet fever, 3—&c.

ADVERTISEMENTS.

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee of Harvard University give notice that the following Prize Questions for the year 1832, are before the public, viz.

1st. " What is the cause of Fistula Lachrymalis, and what is the best mode of treating the disease ? "

2d. " What are the circumstances in which the drinking of cold water in hot weather proves injurious ? What are the diseases which arise from this cause, and what is the best mode of treating these diseases ? "

Dissertations on these subjects must be transmitted, post paid, to JOHN C. WARREN, M.D., Boston, on or before the first Wednesday of April, 1832.

The following questions are now offered for the year 1833, viz.

3d. " The History of the Autumnal Diseases of New England."

4th. " What Insects of the United States, and particularly in the Northern part, are capable of inflicting poisonous wounds ? The phenomena of such wounds, and the best mode of remedying their ill consequences ? "

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1833.

The author of the successful Dissertation on either of the above subjects, will be entitled to Fifty Dollars, or a Gold Medal of that value, at his option.

Each Dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained if called for within one year after they are received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connexion therewith.

Boston, August 10th, 1831. GEO. HAYWARD, Secretary.

☞ Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion.

Sept. 13—3te4p.

BERKSHIRE MEDICAL INSTITUTION.

The Annual Course of Lectures, in this Institution, will commence on the first Thursday of September, and continue fourteen weeks. The Trustees have made ample provision for the accommodation of students. The addition of a Demonstrator of Anatomy will afford great facilities for the acquisition of knowledge in that important branch of Medical Science. The expense of the whole course will not be increased. Medical Degrees are conferred at the close of the Lectures in December, and at the annual Commencement of Williams College, with which this Institution is connected. The examination for medical degrees begins on the Wednesday preceding the close of the Lecture Term.

H. H. Childs, M.D., *Professor of Theory and Practice of Medicine.*
S. W. Williams, M.D., *Professor of Medical Jurisprudence.*
S. P. White, M.D., *Professor of Theoretical and Operative Surgery.*
C. B. Coventry, M.D., *Professor of Materia Medica and Obstetrics.*
W. Parker, M.D., *Professor of Anatomy and Physiology.*
C. Dewey, M.D., *Professor of Chemistry, Botany, and Natural Philosophy.*
Edward F. Sing, *Demonstrator of Anatomy.*

Board, including washing, lodging, and room, $ 1,75 a week. Aug. 23—4t.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month.

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. V.] TUESDAY, SEPTEMBER 20, 1831. [No. 6.

I.

ON THE RECURRENCE OF EXANTHEMATOUS FEVERS.

By GEORGE GREGORY, M.D. Physician to the Smallpox Hospital, London.

IMMUNITY from second attacks of the same malady, is a principle in pathology not less interesting to the world in general, than to the speculative investigator of disease. The object of the present essay is to examine the modifications of which this important principle is susceptible, and, in an especial manner, to determine, as far as possible, the laws which govern the recurrence of the principal exanthemata.

The diseases to which mankind have, by common consent, attributed the power of conferring immunity from second attacks, are only three in number—smallpox, measles, and hooping cough; and there can be no question, that such a power belongs to these diseases; that it constitutes a most important feature in their history; and that, by virtue of it, those disorders are, *in a degree*, isolated from the rest of the maladies to which mankind is subject. It is, however, only *in a degree* that they are so isolated. The same property belongs to one other disease at least, in as great perfection as to smallpox itself,—I mean yellow fever; and it is claimed for, and probably possessed by, several others, though in a *minor* degree. The power of conferring immunity from second attacks, which the *yellow fever* possesses, is acknowledged by those who yet differ widely on the origin and pathological affinities of the disease. This immunity seems to suffer little or no decay from the lapse of years, or the change of climate; and, as a law of the animal economy, appears liable to very few exceptions.

A similar privilege has been claimed for the scarlet fever; but it is very doubtful whether it operates here in any marked degree;—in any degree, that is to say, sufficient to separate it from other acute disorders, and to ally it to the four already mentioned, which we may designate as *non-recurrent*. Every acute disease, without exception, affords a certain quantum of immunity from second attacks. A man recently recovered from a typhous fever may remain in the wards of a fever hospital, or return to the place where the disease originated, with a reasonable security against recurrence. I of course presuppose, that a proper distinction is drawn between the conditions of recurrence and relapse, a matter of the utmost consequence in the inquiry now before us.

So, in like manner, a family, resident in the Lincolnshire fens, after passing through the endemic remittent of that district, may remain there with much greater security than a family of new-comers. Indeed, were it not for this law, it is obvious that there could be no permanent residents in any unhealthy locality. I do not by this mean to deny the fact of the recurrence of endemic maladies in the same subject. The countenances of the inhabitants of unhealthy districts bear too many proofs of the reality of this occurrence. All that I contend for is, that an individual, who has passed through the disorder, and been *effectually* cured, is not so liable to a *second* attack, as a new-comer is to a *first*. The constitution, by having once gone through the disease, has acquired at least a temporary security from a second visit. The very fact of convalescence in the air which engendered the malady, is, of itself, a sufficient guarantee of the correctness of this doctrine.

The true Turkish plague is subject to a similar law of temporary immunity. Dr. Russell, in his full and perspicuous account of this disease, informs us, that instances of re-infection during the same season are very infrequent. Some authors, especially Orræus, who describes the epidemic of Moscow in 1770, contend that such an event has occurred; but popular opinion all over the Levant confirms the notion, that a person once recovered from the plague is secure, at least for a time, from a second attack; and it is not improbable, that the few instances to the contrary, recorded by authors, are really cases of *relapse*; the difference between which and re-infection, however clear to the understanding, being, according to Dr. Russell, by no means of easy application in practice. Whether this immunity from second attacks continues through life, or when it ceases to operate, are questions more difficult to answer. The following is the result of Dr. Russell's own experience:—"It appears," he says, "from my journals and memoranda, that in 4400 cases of plague, there were only 28 of re-infection, well ascertained,—a proportion much under what I expected, and which may account for some practitioners not having met with them at all." It has recently been shown, that the recurrence of plague is considerably more common than the experience of Dr. Russell would seem to indicate.

It is recorded by Thucydides, in his account of the plague of Athens, that "the convalescents had much compassion on the sick and dying, from having known their misery, and being themselves secure, as the disorder never seized the same person twice, so as to be mortal."

I have not been able to obtain any accurate information relative to the recurrence of cholera, or the period of time for which one attack affords immunity in that disease; but the fact of *temporary* immunity may be assumed as the dictate of common sense.

To return to the subject of scarlet fever. The power of resistance to second attacks, which has been claimed for this disease, does not seem to me to belong to it in any *especial* degree. I have known several instances of persons suffering twice from fever, accompanied with sore throat and scarlet eruption. It must be borne in mind, however, while reasoning on this subject, that it happens to a very few persons in their lives to suffer two attacks of typhous fever, or two attacks of acute rheumatism, or indeed of any grave and dangerous malady of the febrile kind. In so far as this general principle extends, scarlet fever may be said to be of *non-recurrence*, but not further.

The power of conferring immunity from second attacks is, no doubt, an important feature in the characters of smallpox, measles, and hooping cough, but it has long been a subject of doubt with me, whether we are justified in viewing it in any other light than as a well-marked illustration of that principle of resistance to second attacks which resides in acute diseases generally, but more especially in all regularly-formed fevers. As a distinguishing character of these complaints, it undoubtedly yields to that of *universal susceptibility*. This it is which so eminently separates these three disorders from all others in the nosology. To *this* law, the exceptions are very few, but it does not fall within my design to investigate this branch of the subject;—I only allude to it now, because I am anxious that the two principles of universal susceptibility and of immunity from second attacks, which have no pathological connexion, should, in this inquiry, be carefully distinguished.

Looking, then, upon the fact—that all mankind, under every variety of climate and circumstance, are, at birth, (with few exceptions,) alike susceptible of them, as the primary and distinguishing character of smallpox, measles, and hooping cough,—let us inquire, somewhat more in detail, into the laws which govern the *renewed* susceptibility of those disorders.

First, of smallpox. Some persons have attempted to deny the fact of recurrent smallpox, or rather to explain away the circumstance, by calling one of the attacks *chickenpox*, and by attributing such different laws to these maladies as to constitute them *distinct* diseases. Their attempt, however, has completely failed, for the instances of recurrent smallpox have been much too numerous and too unequivocal to be thus got rid of. In every age and country, cases have been recorded by men of undoubted veracity. The scars of a former attack remained to nullify the speculations of the staunch supporters of *non-recurrence*; and fatal cases, even after extensive pitting, are to be met with, fully attested.

It is unnecessary to dwell longer on the simple fact of recurrent or secondary smallpox. Questions more worthy of inquiry are, first, the comparative frequency of such an event, as compared with the recurrence of other febrile diseases; and secondly, the extent of interval between the two attacks:—in other words, the intensity in which this power of resistance to second attacks may be supposed to exist.

On the first of these points it is difficult to arrive at any accurate conclusions. I may observe, however, that cases of recurrent smallpox have been very rare at the Smallpox Hospital during the ten years that I have had the superintendence of that establishment; they have certainly not averaged more than three or four in the year. I cannot, therefore, consider the occurrence as a common one. During the same period, I have seen in private practice a few well-authenticated cases, and have heard of several others, but the event is still, *as it always was*, viewed as a singular deviation from the common course of nature.

With regard to the interval between the two attacks, I have always found it to be very long. I have never seen any but adults suffering under recurrent smallpox; and this, I believe, is the concurrent testimony of the best authors. The severity of the second attack varies greatly; and no anticipation can be formed respecting it, either by the character of the prior attack, or by any other known criterion. In this respect recurrent smallpox differs from smallpox as it occurs subsequent to vaccination; and this may be adduced as one among many reasons tending to prove, that smallpox after vaccination cannot be satisfactorily explained by a reference to recurring or secondary smallpox. The argument, though apparently so conclusive, vanishes indeed under a closer investigation. The great extent to which smallpox prevails after vaccination will then rather be found in contrast with the comparatively few instances of recurrent smallpox. Many hundred cases of the former have been admitted into the Smallpox Hospital during the period which has afforded not more than twenty or thirty instances of the latter.

Secondly, of measles: Dr. Baillie's well-known paper on recurrent measles has rendered that fact familiar to all; but Burserius had previously collected many instances from unquestionable authority. Morton saw a patient who had measles twice. De Haen describes two similar cases. As far as common observation extends, the recurrence of measles would seem to be more rare than that of smallpox; and from the absence of scars there is more difficulty in ascertaining the fact correctly. Dr. Willan describes a mild disorder, under the title of *rubeola sine catarrho*, which, he says, gives no security whatever against the true measles. Of this mild disease I have not seen more than two or three cases; but at the Smallpox Hospital I have had several instances of a *severe* affection, which admits of such a denomination. It is characterized by an eruption truly rubeolous, with purulent expectoration, and a low typhoid form of fever, but without ophthalmia, hoarseness, or coryza. Several of these cases have proved fatal. The disease, I am fully persuaded, is essentially different from rubeola. I have never been able to trace it to the contagion of measles; I have never seen it spread by contagion; I never witnessed it except in adults. I have usually designated it as *bronchitis rubeolosa*, from a conviction that the leading feature of the complaint is acute bronchial inflammation, upon which a rubeolous eruption supervenes. I am not aware whether the existence of such a disease is generally known. In determining any questions connected with recurrent measles, an acquaintance with this fact must of course be useful.

Very little is as yet ascertained respecting secondary measles, beyond the mere circumstance of its occasional recurrence. In the cases described by Dr. Baillie, the intervals between the attacks were —four months, six months, and twenty-one years. Three cases have recently been recorded, of measles recurring after an interval of fourteen days. I have not heard or read of any similar cases; but the authority on which the statement is made is unquestionable.* It may be doubted, however, whether the term *relapse* does not apply to them rather than *recurrence*.

---

* Lancet, No. 399, April 23, 1831, p. 104.

Thirdly, of hooping cough: the recurrence of this disorder is a fact mentioned by various authors, but always as a rare event. I have generally found, upon inquiry, that the reputed instances of it were within twelve months of the date of the primary attack. Now, when the usual course and duration of hooping cough are borne in mind, it will not be unreasonable to consider many, if not the whole of these, as instances merely of *relapse*. The following definition of *relapse* is given by an old French writer:—"The sequel of a malady imperfectly cured, which renews itself at variable intervals, by a remnant of malignity, which neither remedies, precautions, nor *time*, have served to destroy."

I come next to investigate the subject of cowpox, and the laws which regulate its recurrence.

A very large proportion of mankind are susceptible of cowpox. The instances of insusceptibility which have fallen under my own observation have not probably exceeded a hundred out of many thousands; and it is more than probable, that in many of these, the inaptitude to receive cowpox arose from temporary causes, and would cease in the course of a few months or years. In some instances it has appeared to depend on general weakness of the frame, and atony of the absorbents. It was associated with atrophy, protracted dentition, and an intellect imperfectly developed. In other cases, however, I have observed it in conjunction with great vigor of mind and body.

Abundant experience has shown, that after receiving cowpox effectually, the human body remains insensible to the same poison for a considerable period of time; but what that period is, whether for life, or for larger or smaller portions of life, are questions of importance, deserving rigid investigation. The opinions of Dr. Jenner on the subject of recurrent cowpox are not, I believe, published. In a letter with which he favored me in 1821 (a year and a half before his death), he mentions that he had projected a work on an extended basis, in which the question should be fully considered. Whether he ever executed this design I have not been able to ascertain. In the absence of better information, I will state what I have myself observed regarding recurrent cowpox, premising that the stock of our knowledge on this interesting subject is still small, though somewhat advanced since the period of Dr. Jenner's death. Much still remains to be determined in this department of pathology.

In all the trials which I have hitherto made, I have found it impossible to re-communicate cowpox, in any degree of perfection, to children under ten years of age, vaccinated carefully in early infancy. It is certainly a singular circumstance, that the earliest period of life at which I have seen smallpox among the *vaccinated out-patients* at the Smallpox Hospital, is *ten years*. A boy (Geo. Cox) has just left the hospital, after passing through a mild but *unmodified* smallpox, who was vaccinated by Mr. Wheeler, the resident surgeon, in 1821. The appearances on the arm are noted in the register as being perfectly regular, which the appearance of the scars would also testify. Several cases of a like kind have occurred during the last two years, but at longer intervals. After the period of puberty, the susceptibility of cowpox appears to return in a considerable number of patients. The course of the disease is then variously modified, but sometimes no modification of any kind is perceptible. On the 17th October, 1830, I re-vaccinated Miss E. G., twenty-one years after the date of the primary vaccination. The areola formed on the 8th day; the scabs were persistent until the 21st day; and the whole course of the secondary disease was regular. Many similar cases have occurred to myself, and others have been communicated to me by professional friends.

I have undoubtedly met with many instances of *resistance* to second infection, after the lapse even of twenty-five years; but the principle is, I think, clearly made out, that the law of the animal economy, regulating the re-susceptibility of *cowpox*, is different from that which governs the recurrence of *smallpox*. The general impression I believe, *is*, and always has been, that the laws which govern the reception of smallpox and cowpox are identical. My own observations would lead me to look upon this as an error in pathology. It appears to me, that the immunity from recurrence of its own diseased action is not so complete or so permanent in the case of cowpox, as it is in the case of smallpox.

It is a reasonable presumption, that wherever the constitution regains the susceptibility of cowpox, it lies open also to the infection of smallpox. This, I say, is a matter of presumption: it can be determined only by the experiment of inoculating individuals (at variable intervals from the date of vaccination) with cowpox and smallpox at the same time—an experiment which few persons would volunteer, and which medical men hitherto would hardly have felt justified in recommending.

That the presumption is in favor of such a principle, may be inferred from a circumstance which has recently occurred under my own observation. Two of the out-patients at the Smallpox Hospital were found to be insusceptible of primary cowpox. I was exceedingly anxious to ascertain whether this insusceptibility of cowpox carried with it a like inaptitude to the reception of smallpox. Many similar cases had occurred to me, but these were the first wherein the compliance of the parents enabled me to ascertain the fact. The cases are on that account interesting, and worthy of special notice.

Case. I.—Sarah Kirton, aged ten, residing near Middlesex Hospital, was brought to the Smallpox Hospital, April 11th, 1831. From the mother (a very sensible, well-informed woman) I learned that the girl was unsusceptible of cowpox. The operation had been performed fourteen times in the course of four weeks, by a variety of practitioners in town and in country. In every instance imperfect papulæ had formed, dying away in a few days. The mother had herself, in early life (at twelve years of age), suffered dreadfully from smallpox. Her face was disfigured by it in a degree rarely if ever witnessed. She was, therefore, more than usually anxious for the safety of her child. I repeated the vaccination for the fifteenth time, but with the usual unsatisfactory results. On the 29th of April I inoculated the girl in six places, with fresh smallpox matter. Elevated spots were susceptible for a few days, but they soon died away.

Case II.—Charles Mason, six months old, a fine healthy child (not teething), was brought to the Smallpox Hospital on Monday, March 8, 1831. Three months ago he had been vaccinated by Mr. Sawrey, in Bloomsbury Square. By the mother's account, the vaccination did not take properly. A small *head* appeared, which soon died away. I vaccinated the child carefully in six places. On the eighth day the arm presented the appearance of six small acuminated pustules, like those of acne punctata. They speedily died away. On the 9th of May I inoculated this child in the wards of the hospital, with fresh variolous matter, in several places. Seven days afterwards—viz. on the 16th May—the arm presented the appearance of one small scab, surrounded by a slight areola. In a day or two this disappeared.

The legitimate inference from these cases is, that where vaccination, or re-vaccination (duly performed), fails to produce a vesicle, the system is insusceptible of smallpox. But we may go, I think, a step farther, and infer, that where re-vaccination *does* take effect, there the constitution was previously open to the attack of smallpox. In doubtful cases, and cases where a dread of smallpox exists in the mind of an individual, I have often acted on this principle, and advised re-vaccination. The measure possesses this strong recommendation—that it is either perfectly harmless or eminently beneficial.

From the doctrines now laid down, it follows, that the cause of smallpox, after cowpox, must be sought for, not in the mode of performing the operation—not in the quality of the lymph employed—not in any presumed irregularity in the process—not even in the law which governs the recurrence of smallpox; but in that which regulates the renewed susceptibility of its own action. If cowpox does not, even when most duly taken, give perfect or permanent security against itself, it cannot be expected to do so against smallpox; and that such is the fact in a considerable number of cases, the phenomena of re-vaccination tend very clearly to show. There can, I think, be no doubt that Dr. Jenner, in the first instance, overlooked this important peculiarity in the character of cowpox. Observing the close similarity between cowpox and smallpox in some points (a similarity which, in his opinion, amounted almost to *identity*), he was naturally led to conclude, that as smallpox afforded immunity from recurrence, as complete and permanent as could reasonably be expected, and greater than exists in any other known disease, so would be the immunity afforded by once undergoing cowpox against the renewal of the same disorder. Assuredly nothing less than a strong conviction that cowpox gave a *perfect* and *permanent* security against its *own* recurrence, would have induced Dr. Jenner to use those remarkable expressions contained in his first Memorial to Parliament:—"*Cowpox renders the person inoculated perfectly secure, through life, from the infection of the smallpox.*"

To this error in the original notions of Dr. Jenner, concerning the renewed susceptibility of cowpox, I trace all the difficulties in which the question of vaccine protection has since been involved. I am the more inclined to do so, because the subject of re-vaccination is the only one which appears to have escaped the scrutinizing eyes of that distinguished philosopher. Let it not be supposed, however, that these reflections are either intended or calculated to impugn the value of his discovery. The great principle which he first made out is still acknowledged as a truth of inestimable worth. We have, in the cowpox, a mild and perfectly safe disease, whose influence is directly opposed to that of smallpox. So long as the cowpox preserves its efficiency, as long as the constitution is unsusceptible of re-vaccination, so long is it secure, not only against the ravages of smallpox, but against its *reception*. When the susceptibility of cowpox, and with it that of smallpox, has returned, there still hovers in the system (in a large proportion of cases) sufficient influence to modify the course and to soften the asperities of that dreadful disorder. That this influence is not permanent to the extent which Jenner supposed, and which analogy fully justified him in anticipating, detracts not from his merit. It should only serve to encourage us to persevere in the path which he pointed out, and, if possible, to perfect the noble design which was the unceasing object of his life.

II.

LIGATURE OF THE CAROTID ARTERY FOR HEMIPLEGIA, WITH A CASE IN ILLUSTRATION. BY MR. PRESTON, ASSISTANT SURGEON, GENERAL DEPOT OF EUROPEAN PENSIONERS, CUDDALORE.

Peter Rachford, aged 50, was admitted into the Depot Hospital, on the 25th October, 1830, with the following symptoms :—Loss of power and sensation in the left side of the body—left cheek droops, and is drawn towards the opposite, when he attempts to speak, which is now almost impracticable—pain in the paralytic leg—head free—circulation natural — skin cold — tongue clean—bowels open. The foregoing symptoms came on suddenly the preceding night. The man has always been a hard liver, and had been much intoxicated about a week before the seizure. A blister was applied to the head, and ten grains of calomel were exhibited twice a day. On the 28th the mouth was slightly affected ; and the calomel being continued, salivation ensued. About this time iodine was also given, and a seton was inserted in the nape of the neck. On the 13th November, there being no mitigation of the paralytic symptoms, we find the nux vomica was exhibited. On the 17th he evinced pain and tenderness in the region of the liver, for which he was leeched and blistered. The pain was removed, but the other symptoms remained nearly the same.

On the 22d November, the paralytic complaint being in statu quo, Mr. Preston determined on tying the carotid artery of the right side, in conformity with the general fact, that the cause of the paralysis is in the opposite side of the head. The steps of the operation need not be detailed. In the evening of the same day, there was no perceptible inconvenience from the operation.

23d.—Slept pretty well last night—skin warm—pulse 100, and not intermitting, as it had generally done before—tongue thickly furred, but moist—slight cough, and uneasiness in the chest. There was also some difficulty of deglutition. In the evening, the pulse was down to 80, and soft—skin warm and moist—bowels confined. Ol. ricini statim.

24th.—Pulse 60, irregular, and intermitting. Complains of more pain in the paralytic arm.

26th.—He appeared to speak more distinctly, and in two days more spoke as distinctly as at any period of his life. On the first of December he was put upon half-diet. 4th Dec.—Has considerably recovered the power of the left leg, which he is able to draw up and down. He this day attempted to walk, but did not succeed. The arm is still completely powerless. The appetite is good, and he sleeps well. 12th December, we find the patient able to walk alone, with the aid of a stick. The arm is still paralytic. 15th.—The wound is quite healed, except at the spot where the ligature protrudes. He was discharged the hospital on the 30th of December, at his own request, being able to walk about very comfortably with the assistance of a stick, but the paralyzed arm still without any muscular power.

The following are Mr. Preston's reasons for the operation.

"In tying the carotid artery for palsy, I have deviated entirely from the treatment pursued in that disease, and was led to undertake the operation from the consideration which I subjoin.

I conceived generally that it might be had recourse to, with great advantage, in diseases of the brain, especially such as we had reason to believe depended upon congestion, inflammation or irritation of that organ; as its principal effect would be, to diminish its supply of blood—an object we have more or less in view in the treatment of cerebral affections; although it cannot always be accomplished by depletory measures. Venesection and the application of leeches often increase the determination to the head; partly by the disturbance they excite generally in the system; and partly by the reaction which frequently follows their employment.

It appeared to me also that a more durable, and more decided effect would be induced by this operation than by any mode of depletion; and that it might entirely remove, or greatly diminish congestion and chronic inflammation of the brain and its membranes; the causes, I believe, of many diseases, which the common mode of treatment too frequently fails of relieving.

As palsy may be induced by some change in the brain itself, either functional or organic, without any complication of the spinal marrow, it appeared to me a disease likely to be affected by this operation; and as, from the suddenness of the attack in the present case, I was inclined to attribute it to some such change—(I conceived extravasation within the cranium)—it seemed a favorable opportunity for trying its effects. I believed that the pressure caused by the extravasated fluid, might be removed by the diminution in the volume of blood sent to the head; which would be affected by tying one of the carotid arteries. The paralysis, too, I was aware, might depend upon a very different cause from that conjectured, and yet be removed by this operation: for we know too little of the diseases of the brain and its different affections, to be certain in every case of their precise nature, and to predict always with accuracy the result of the measures we employ with a view of removing them. If the palsy arose from congestion, inflammation or irritation, it appeared equally eligible as in the case supposed by me; but my principal reason for undertaking it in the present instance, supported by the arguments I have already adduced, was, that the case appeared otherwise hopeless; the disease being altogether unaffected by the remedies I had employed, and the patient's strength beginning to sink.

Obliteration of the common carotid artery on one side has been frequently effected, without any ill consequences attributable solely to it, and without any disturbance of the brain, heart or lungs. How far it would be safe to tie this artery on both sides, is a question of very serious consideration. It has been done repeatedly on the dog by Bichat, and death occurred in only two instances. I have myself tied both these arteries twice in the same animal, but without producing any effect.

Under desperate circumstances, and at an interval of some time after tying the first; we would, provided no relief followed, and the case was otherwise hopeless, I conceive, be justified in tying the second. It might, however, be done with a slip knot, or in such a manner as to admit of the ligature being loosened, should any alarming symptoms follow; or the ligature might be applied so as to intercept only a portion of the blood sent to the head, by narrowing, at the part, the calibre of the artery—we might thus easily increase or diminish, according to circumstances, the column of blood which it transmits.

The operation itself excites no constitutional disturbance, or but very little.

I quote the passage from Bichat—in which however there is some obscurity, probably from some error of the translator—as also the same, worded somewhat differently, and found in Rees's Encyclopædia, article—heart.

From Bichat.

'It is easy to prove that the movement of the blood is necessary to that of the brain; expose the brain of an animal in part and tie the carotids.

'In such case, the cerebral movement will be sometimes weakened, and then the animal will be stupified; at other times the vertebral arteries will exactly supply the place of the carotids, and then there will be nothing deranged in the principal functions of the brain: for there is always a relation existing between the alternate rise and fall of the cerebral mass and the energy of life which it displays.

'*In general, the obliteration of the carotids is never suddenly mortal. Animals will live without them, for at least a considerable time. I have kept dogs in this state for several days*, and have afterwards made use of them for other experiments; two however died in the course of six hours after the application of the ligatures.'—*Gould's Translation*, page 157.

The part that seems obscure in the foregoing paragraph I have underlined. The number of dogs that died after this operation is not specified, nor at what interval of time.

The same passage is thus worded in Rees's Encyclopædia.

'The heart, which propels the red blood, affects the brain by the motion which it communicates to that organ. If the arrival of this fluid be completely intercepted, the motion of the brain ceases, and life is extinguished; where the carotids alone are tied, the vertebral arteries still keep up the movement, and no ill effect is produced.'

The diseases in which I conceive this operation most likely to prove serviceable, are, such as depend upon determination of blood to the brain, congestion, inflammation, or irritation of that organ; but it must be understood, that I propose it as a remedy only after other means have failed. I may here specify apoplexy, phrenitis, hydrocephalus, many cases of injuries of the head, palsy, epilepsy, and insanity; which latter disease is now generally admitted—indeed known to depend upon a change of some kind in the brain or its membranes; most commonly some modification of inflammation or its products. Where this organ in insanity is affected only from sympathy with some other; how far tying one of the carotid arteries would be serviceable must, I fancy, depend upon considerations connected with each particular case. Here, as in more dangerous diseases, both these vessels might be tied with the precautions already stated; allowing a longer interval of time to elapse between the operations. There are some other points connected with this subject upon which I am at present unable to enter, but which upon a future occasion I hope to lay before the Board."—*Medico-Chirurgical Review.*

MEDICAL JOURNAL.

BOSTON, SEPTEMBER 20, 1831.

HOOPING COUGH.

The precise nature of the spasmodic cough which forms so striking a symptom of this affection, is still matter of some doubt. It has been thought by some that the air vessels themselves experienced a spasmodic contraction, and that by the successive opening and closing of these passages, the sound in question was produced. This theory is open to an objection arising from the nature of these air-cells, which have no muscular structure. It is sufficient to suppose that an action of this sort takes place in the larynx, and that it is by the clonic contraction of the glottis, that the interrupted character of the cough is produced. If the experiment be tried of closing the rima glottidis during expiration, so as to allow the air to escape only at intervals, and with some force, a cough can be produced, not dissimilar in character to that of the disease in question. The difference between this and the ordinary cough of pneumonia, seems to belong somewhat to the irritability of the system in young subjects, which peculiarly predisposes to convulsive action: for, although hooping cough be not peculiar to young subjects, yet its occurrence in after life may be regarded as comparatively rare. Occasionally a spasmodic pneumonia, analogous in its general character to hooping cough, is met with in persons advanced in life; a fact in entire accordance with the general character of the disease. But in whatever manner this peculiar sound of the cough may be explained, there can be no doubt that the proximate cause of the disease is to a great extent the same as that which produces bronchitis and pneumonia; that the cough is occasioned by the irritation of the bronchial surface, and that it is, like the cough in those diseases, the means adopted by nature for expelling an offending substance. As proofs of the inflammatory or irritative character of pertussis, it may be observed, that it is generally, if not always, commenced by a catarrhal affection, accompanied with the ordinary cough; and hence it is very common to hear an expression of doubt, whether a child has in reality the hooping cough or not. As a sequel to measles, it is also not unfrequently met with; and in general the circumstances of its history are such, as to show that inflammation of the mucous membrane, of the bronchiæ and lungs, is its proximate cause. It is also to be observed, that although in children pertussis does not ordinarily form the commencement of chronic pneumonia or phthisis, yet this termination of the disease in adults is by no means a rare one; and where the disease has not shown itself till late in life, its character as an inflammatory affection has been more strongly marked, and it has proved a disease of no inconsiderable severity.

2. Of the matter expectorated in hooping cough. The paroxysms of cough terminate in throwing from the lungs, into the throat, a large quantity of viscid mucus mixed with saliva. It has not until lately been suspected that the secretion in these cases differed from that in other bronchial affections. We observe, that in a late analysis by a French practitioner, whose observations are published in the Révue Medicale for March, this secretion was found to contain hydrochlorate of soda; and the treatment recommended by the author, and which was found to exert a favorable influence, is grounded on this view of the subject.

3. A curious circumstance in regard to this disease, is, that with so few exceptions it should appear only once during life. Why this should be the case, is a point which authors have hardly attempted to explain. We are simply enabled to perceive that the same general fact holds true of measles and scarlatina; but why it is true in regard to all or any of them, it is not easy to say. The idea naturally suggests itself, that the susceptibility to these complaints may exist in childhood and be overcome in after life. But this explanation does not accord with the facts; for, where these diseases, from any accident, have been escaped in early life, they occur at a later period, with increase both of severity and danger. It seems to be one of those ultimate facts, of which even analogy fails to furnish us with a plausible explanation.

4. The variety in the treatment adopted in pertussis, is of itself a proof how far we are yet from possessing a specific for this disease. Occasional emetics in the early stage of the affection, and the use of mild general tonics and change of air at a later period, seem to constitute nearly the sum total of the ordinary routine of practice. Vesication has obtained little reputation in the treatment of this disease. Of the various antispasmodics, which have at times been employed, two have lately been revived and brought into notice; namely, belladonna and the prussic acid. For the benefit of those who may feel disposed to make trial of

these remedies, we subjoin the following prescription:

R. Pulv. rad. belladonnæ, gr. ij.
Pulv. ipec. and opii. gr. iv.
Sulphur precipit. ℈j.
Pulv. sac. alb. ℈ij.
M. Div. in charts xx.

One to be given to an infant every three hours, and in the intervals ten drops of the following:

R. Acid prussic, gtt. xij.
Aquæ cinnam. ℥ss.
Syrup simp. ʒiij. M.

But in pursuing this practice, great precaution is necessary, and we should not advise it as a course of treatment to be generally adopted.

CHOLERA.

The late arrivals from Europe afford no new fact of importance respecting this terrific scourge. Its fury had not abated, and few who had come under its inflictions had found any escape but their grave.

It is with the greatest satisfaction we are able to record the wise measures of precaution recently adopted by our City Government. An order passed the Board of Aldermen last week, directing that all goods coming from Riga, Dantzic, Archangel, the Cattegat (including Gottenburg), or any port within the Baltic, or any port known or suspected to be infected by a contagious disease, excepting metallic substances not in packages, shall be landed at Rainsford Island, until further order of the board. An order also passed, directing that a circular be printed in the newspapers and sent to the selectmen of the seaport towns in Massachusetts, New Hampshire, Maine, Rhode Island and Connecticut, asking their coöperation and their most vigorous exertions, in carrying into effect all quarantine regulations which may be adopted to prevent the introduction of the Cholera Morbus, which now prevails in the North of Europe, and their advice and suggestions in reference to such other measures as may be calculated, under the blessings of Almighty Providence, to prevent the visitation of this formidable scourge upon our land.

The unlading of vessels from infected ports, at an island in the harbor, instead of at the thronged wharves of the city, is, as we stated last week, the *true* and efficient point in the system of quarantine. Whether the disease is contagious or not, whether its seeds may be carried about in clothing or merchandise, or whether or not they exist in the atmosphere of the infected port, a portion of which atmosphere is carefully and closely shut up in the vessel's hold, the course now prescribed is no more than the most solemn duty of our civil rulers called on them to adopt; and it is most sincerely to be hoped, that every port on our coast will receive a barrier no less effectual against the entrance of a disease which, in the measure of its fatality, the rapidity of its course, the suffering of its victims, and the difficulty of escaping it, far surpasses the smallpox which desolated Europe in bygone days, the plague which spreads so often its terrors over the eastern world, or any other malady with which the human race has ever before been visited.

Often have we remarked upon the broad gates of a panic-stricken city. Nothing can be more unwise than to harbor debilitating fears, or indulge in sombre and paralysing anticipations of evil. But let us look calmly on, and watch with interest and care, more than apprehension, the progress of this disease. Instead of giving way to gloomy forebodings, or wasting time in vague speculations on the contagiousness or non-contagiousness of the malady, or the chances of escaping it, let us act vigorously in exerting those means which are placed within our reach, for the preservation of ourselves and our fellow men, and leave the issue with God, who will order all things for our eventual good.

In this connection, we would suggest the propriety of that further measure of security which most becomes a christian people who are seeking protection from a scourge of such mighty power. We fast in the spring time, and give public thanks in the harvest for the bounties of the season. The present crisis appears to us no less appropriate than either for public petitions to the only power which can, under all and any circumstances, afford us entire security.

PROFESSED REMEDY FOR CHOLERA.

Remedies which come to us in a questionable shape, we have not been in the habit of noticing in this Journal. It may not be amiss, however, to present the reader with the following extract from the London Morning Chronicle; not as in any degree entitled to his confidence—only to his consideration.

" We alluded on Saturday last to the hopes entertained of a remedy having at length been discovered for the cholera. As it is of importance that the public should know exactly the authority on which Cajeput Oil has been recommended, as well as the mode of administering it, we have since made more minute inquiries with that view, and the following is the result of them:—

" The gentleman referred to as having given the result of his observations on the effect of Cajeput Oil in cholera, is *not* of the medical profession. He holds a high office in the civil service of the East India Company, and arrived in June last from Madras, where he had been a member of the Council. He was Judge at Masulipatam in 1825, where the cholera prevailed, and where circumstances obliged him to give what aid he could in the exigency. It appears that the remedy was administered as early as possible on the appearance of the symptoms, in doses of from 25 to 50 drops in about half a wine glass full of warm water; the latter dose repeated in half an hour when the symptoms did not give way to the first dose.

" When the stomach rejected the first dose, fifty drops were given instantly. The success was extraordinary, one case only out of 110 having proved fatal. The medicine was not repeated after the symptoms had subsided. Recovery was usually very rapid, and no other medicine was found necessary. These facts were communicated to Prince Lieven by the high medical authority alluded to by us, and the Prince forwarded a copy of the statement of them to his government, together with a bottle of the oil.

" The above particulars may be relied on as perfectly authentic."

CHAIR FOR INVALIDS.

We had the pleasure, a few days ago, of examining a chair for invalids, made under the direction of

Dr. Grigg, of this city. Of the many productions of this gentleman's ingenuity, we regard this as decidedly the most important and practically useful. In cases of spinal deformity, fractures, dislocations, paralysis, or other disease of the lower extremities, it appears to us to do away entirely the necessity of the patient's keeping his bed, even from the first: it enables him to move about with ease, to preserve muscular power and general health by exercise, and to sit up or recline at any angle which he may prefer. For hospitals and sick rooms it will be invaluable, and we hope the Doctor will favor the profession with a full account and representation of it, with the modes of using, &c. &c.

MOUNT AUBURN CEMETERY.

At a meeting of the Horticultural Society on Saturday last, the following report, from a committee chosen by the subscribers to the Cemetery, was made by the Hon. Judge Story.

The committee appointed at a meeting of the subscribers to the Mount Auburn Cemetery, to consider and report to the Massachusetts Horticultural Society, whether it is expedient to have any, and if any what religious ceremonies for the purpose of consecrating the said Cemetery, have had that subject under consideration, and beg leave respectfully to report to the said society:

1. That in the opinion of the committee it is expedient to have the said Cemetery consecrated by religious ceremonies on Saturday, the twenty-fourth day of September instant, in the afternoon, at Mount Auburn. And if that day should not be fair, then on the next fair day, excluding Sunday.

2. That the religious ceremonies proper for the occasion would be

An Introductory Prayer,
An Address, and
A closing Prayer,

with an original Hymn to be sung by the Assembly, and other appropriate music.

3. That the choice of the persons to officiate at the religious ceremonies of consecration, and all other arrangements suitable for the occasion, should be made by a Committee of Arrangement to be chosen by the Horticultural Society, with full powers for that purpose.

4. That the committee of arrangements should have full power to fill all vacancies occurring in their own body, and to appoint all suitable officers to assist them in the discharge of their duties; and that they should give due public notice of the order of their arrangements when they shall have been completed.

All which is respectfully submitted.

Joseph Story.

By order of the Committee.

Voted, That the report be accepted.

Resolved, That the Consecrating Committee of nine members be chosen.

The following gentlemen were elected: Hon. Joseph Story, Henry A. S. Dearborn, Charles P. Curtis, Rev. Charles Lowell, Zebedee Cook, Jr. J. T. Buckingham, Geo. W. Brimmer, Geo. W. Pratt, Z. B. Adams.

At a meeting of the committee above named, on the same day,

It was *ordered*, that Messrs. Curtis, Buckingham and Pratt, be a committee to invite the orator, and clergyman, and to provide an appropriate hymn and suitable music, for the dedication of the cemetery.

Voted, That General Dearborn, Mr. Brimmer and Mr. Cook, be a committee to prepare the grounds at Mount Auburn, and to make arrangements for the accommodation of the company.

Voted, That Messrs. Cook and Pratt be a committee to make suitable appointments of marshals and other officers, and to arrange all matters of police for the occasion.

The sub-committee first above named announce to the Society that they have, as far as practicable, at present, performed the services assigned them, and that an address at the solemn consecration of the cemetery, will be delivered by the Hon. Joseph Story; the Prayers will be offered by the Rev. Messrs. Lowell and Pierpont; and an original Hymn will be prepared by the Rev. Mr. Pierpont. The other arrangements will be announced as soon as completed.

Tanning of Leather by Grape Marc.—A medical man of the neighborhood of Narbonne has announced that the marc of grapes, after being distilled for the purpose of separating the alcohol, is an important assistant to oak bark, in the tanning process. After preparing skins in the usual manner, he placed them in the pits with the marc, in the place of bark. In thirty-five or forty days the tanning was finished. The expected advantages are, 1, shorter time; 2, reduction in the price of oak bark; 3, a more agreeable odor than that given by oak bark; 4, greater strength in the leather.—*Receuil Industrielle*, xvi. 85.

Defence against Flies, used by the Butchers of Geneva.—It is said that the butchers of Geneva have for a long time used the oil of laurel as a substance which prevents the flies from approaching their meat. The odor of this oil, though strong, is not very disagreeable, and the flies will not approach the walls or parts which have been rubbed with it. The person who describes these effects says that he has, in this way, guarded the gilt frames of mirrors and pictures most perfectly from flies.—*Receuil Industrielle*, xv. 247.

Paracentesis Cranii.—It is stated in our respected contemporary, the *London Medical and Surgical Journal*, that Dr. Conquest has performed this operation in seven cases of chronic hydrocephalus, in four of which a complete cure has been effected. It is due to the profession that the details of these cases should be given to them.—*American Journal of Medical Sciences.*

We are under obligation for several favors which should not pass unacknowledged. The communication of Dr. P., of M., New York, is received, and will have early attention.—Dr. Peixotto's Address, Dr. Parsons's new work, Dr. Caldwell's Prize Essay on Malaria, and the Communications of the Massachusetts Medical Society, will each be noticed more particularly in a future number.

Whole number of deaths in Boston the week ending Sept. 9, 37. Males, 17—Females, 20. Stillborn, 1.

Drowned, 1—consumption, 10—hooping cough, 1—dysentery, 2—debility, 2—old age, 3—infantile, 3—unknown, 2—canker, 1—apoplexy, 2—intemperance, 2—bilious fever, 1—sudden, 1—teething, 1—scrofula, 1—abscess, 1—brain fever, 1—dropsy on the brain, 1.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

Vol. V.] TUESDAY, SEPTEMBER 27, 1831. [No. 7.

I.

ON DISINFECTION AND THE PRACTICE OF QUARANTINE; WITH SOME REMARKS AND COMMUNICATIONS RELATIVE TO CONTAGIOUS DISEASE, AND ESPECIALLY THE CHOLERA.

By Andrew Ure, M.D. F.R.S., &c.

We have the pleasure of offering our readers, this day, the following able and peculiarly interesting extract from the Journal of the Royal Institution of Great Britain. We regret that it is not in our power to present the cuts, given in the Journal, of the apparatus of Dr. U. The exclusion of these has rendered necessary a few omissions and slight alterations of the text, which do not however affect in any way the sense of what is here given.

The remarkable power of chlorine, and of its officinal compounds, chloride of lime and soda, in decomposing and destroying the fetid effluvia of animal and vegetable bodies in a state of putrefaction, has been so long known, has been verified in so many instances, and is susceptible of such direct demonstration, as to be beyond the cavils of medical pyrrhonism in its most wanton mood. That these effluvia are capable of making morbific impressions on the living body, is also placed beyond any reasonable doubt, not only by the sickness they instantly occasion, but by the many recorded cases of fevers of a putrid or low typhoid type, brought on by incautious exposure to masses of animal matter far advanced in putrefaction. The power of such matter to produce fevers by inoculation, has been often fatally exemplified in the dissecting schools; and the power of a lotion of chloride of lime or soda to counteract danger from such inoculation, is now equally well ascertained. In a letter just received from my son, at present House Surgeon of the Glasgow Royal Infirmary, he says, "Having performed several *post mortem* dissections of persons who have died from malignant fevers, dysentery with extensive ulceration of the mucous membrane of the large intestines, peritonitis with purulent effusion into the abdomen, hectic from suppuration, gangrene, &c., I have never suffered the slightest inconvenience. Yet these are the cases in which that peculiar animal poison is especially generated which has occasionally proved fatal to the demonstrator of disease. I attribute the immunity I have enjoyed, in a great measure, to my washing my hands immediately after each inspection with the chloro-sodaic liquor of Labarraque; this I prefer to the solution of chloride of lime, as it is not so apt to injure the skin.

"A young gentleman, who acted

as my colleague during part of last winter, but who did not adopt the above precaution, having imbibed through a minute breach of surface on his little finger a portion of this virus, was in a few hours thereafter attacked with acute inflammation of the absorbents of the arm, accompanied with high symptomatic fever, which confined him to his bed for many weeks, and required the most powerful antiphlogistic measures to subdue the inflammatory symptoms. I could cite instances of my predecessors having suffered from the same cause, but I deem it unnecessary, as the fact is indisputable."

A mournful example of the danger of putrefactive effluvia occurred a considerable time ago in the north of Scotland. Two young medical men, desirous of examining a body which had been interred without dissection, in consequence of the prejudices of the relations of the deceased, went in a very dark night to exhume it, but having mistaken the grave, laid open a coffin replete with such noisome corruption, that the gentlemen instantly sickened with the fetor, were hardly able to go home, where they forthwith took to bed with symptoms of malignant fever, and died. MM. Orfila, Leseure, Gerdy, and Hennelle, were employed, about seven years ago, in Paris, to examine the body of an individual who was supposed to have been poisoned, and who had been dead and buried for nearly a month. Had they rashly proceeded to the inspection, they would most probably have fallen victims to their imprudence; but the smell was intolerable, and the body could hardly be approached; they had, therefore, recourse to chloride of lime, sprinkling a solution of it over the putrid corpse, which produced, after a few aspersions, such a wonderful effect, that the nauseous effluvia were instantly quenched, and the dissection was performed with comparative comfort.

Chloride of lime has been repeatedly used since with equal efficacy in similar cases; it has become a familiar anti-putrescent agent in the anatomical theatre, and has been applied to destroy the stench of bilge-water and common sewers with unfailing efficacy. Its operation on fish so much tainted as to be hardly fit for the table, I have myself repeatedly tried, and I have found that a dish of such fish cleaned and opened up, by immersion in a dilute solution of the chloride for a few minutes, loses the dark color at the bone and all offensive scent; and after being washed in water, when boiled it possesses the curdy firmness, sea-air flavor, and taste, of newly-caught fish. An ounce of good chloride of lime is sufficient to sweeten a very large dish.

The phenomena of putrefactive fermentation seem to show that the fetor resides in certain hydrogenated compounds, containing carbon, sulphur, phosphorus, azote, &c.; for gaseous matter of this kind is eventually disengaged in the larger cavities of the trunk, as well as in the cellular tissue, causing a general intumescence. There is every probability, likewise, that the diffusible fomes of contagious disease resides in some analogous compounds, but of so subtle a nature as hitherto to have baffled every effort of chemistry to collect and analyze. The same thing may be said of the miasmata of marshes. The infectious virus of plague, smallpox, and putrid bodies, resembles in some measure the poisonous secretion of venomous reptiles, and is of a more durable composition and less volatile (so to speak) than the effluvia of typhus, scarlatina, and measles. We can therefore easily understand why an agency capable of decomposing the former morbific powers, may be feeble to grapple with the latter, embodied as they are in a too palpable humor or a solid crust.

Guyton Morveau appears to have been the first man of science who directed the resources of pneumatic chemistry in a regular manner to the purpose of disinfection. The Cathedral of Dijon had been for several years infested with a febrile fomes or miasma, which occasioned fever in many of its pious visitants, and it had become in consequence nearly deserted as a place of worship. Being then (1774) Professor of Chemistry in the Academy of Dijon, M. Guyton was naturally induced to exercise his science in expurgating the air of the church. He accordingly filled the whole capacity of the building with muriatic acid gas, disengaged from a mixture of salt and sulphuric acid distributed in a number of stoneware dishes. The doors and windows were kept close for two or three days, to prevent the dissipation of the acid fumes. At the end of this period a free ventilation was given by opening the doors and windows, after which the church was found to be deprived of its unpleasant smell and unwholesome effluvia.

In 1796, Dr. Carmichael Smith applied the fumes of nitric acid, disengaged from nitre by sulphuric acid, to the disinfection of a ship's hospital, for which he received a considerable parliamentary reward.

Since that time the progress of chemical research has made us more fully acquainted with the intense affinity which exists between chlorine and all hydrogenated compounds, and with the resulting antiputrescent quality of chloride of lime. Hence chlorine has naturally come to be regarded as the most energetic antiloimic agent. In this respect, likewise, the merit of its introduction belongs to M. Guyton, who recommended medical men, nurses, and other attendants on contagious disease, to carry about with them phials containing manganese and muriatic acid, and to open the glass stopper from time to time in situations replete with infectious effluvia, in order that the chlorine exhalations might decompose them, and preserve a healthy atmosphere for respiration. In the sequel of the present paper, facts will be adduced apparently proving the efficacy of this antidote to the contagion of cholera.

As gaseous chlorine in the state in which it is evolved from muriatic acid and manganese, has been thought to be too concentrated for diffusing in apartments occupied by the sick, recourse has been had in a great variety of cases to the exhalations that spontaneously rise from chloride of lime exposed in an extensive surface, either in its pulverulent form or dissolved in water. It is true, indeed, that under both of these forms the chloride exhales its peculiar odor, but it gives out no appreciable or operative portion of gas, and instead of losing, it gains weight. I have suspended a piece of moist litmus paper within three inches of good chloride of lime, in a stoppered phial, for upwards of an hour, without its being blanched; nay, the paper retained much of its color at the end of twenty-four hours. As the paper would have become white in a few minutes by the admission to the phial of one-tenth of a cubic inch of chlorine gas, it is obvious that even that minute volume was not disengaged from the chloride, which amounted to nearly 500 grains. But by the agency of muriatic acid, that quantity of the said chloride would have evolved about 145 grains, or 190 cubic inches of pure gas. I may remark, that few samples of the bleaching powder found in the market are impregnated like the above with fully 29 per cent. of chlorine, and the stuff retailed in many shops under that name seldom contains more than 16 per cent. As for the liquid chloride of lime, the two-shilling bottles occasionally possess no more virtue than would be found in two-pennyworth of Messrs. Tennant's dry bleaching salt. Nothing, therefore, can exceed in absurdity the fashionable nostrum for disinfecting apartments charged with contagious fomes, by placing in them one or more saucers filled with chloride of lime. To place this dangerous fallacy in the plainest light, I need merely state that moist litmus paper may be hung for a day a very few inches above such a saucer, without perceptibly losing color ; whereas the affusion of a few drops of muriatic acid on the same chloride, even after the above period, will instantly blanch the suspended paper.

It has been supposed that the carbonic acid present in the atmosphere displaces the chlorine from the lime ; but how slowly and insignificantly, the preceding experiment may show. The following facts have been long before the medico-chemical world. "After passing a current of this gas (carbonic acid) for a whole day through the chloride diffused in tepid water, I found the liquid still to possess the power of discharging the color very readily from litmus paper."*

Chloride of lime laid out in the air passes rapidly into a deliquescent paste, consisting of muriate of lime, and lime with an obscure displacement of oxygen. If the chloride be surcharged with chlorine, it speedily gives off the excess and becomes commercial chloride. The best manufacturers, aware of this circumstance, never push the impregnation beyond a certain pitch ; in which state the chloride does not spontaneously emit in the air one-thousandth part of its condensed chlorine. To pretend, therefore, to suffocate the hydra of contagion by subjecting it to the simple smell of chloride of lime in a saucer, is just such a mockery as it would be to appease the famished stomach by the smell of a cook-shop. The subtle effluvia of a pestilence must be combated by more energetic means ; they must be environed with an atmosphere of chlorine adequate to their destruction. Everything short of this consummation is paltering with the safety, not of a few individuals, but possibly of a nation.

But I shall be asked, whether chlorine gas can be diffused through the air of a chamber without injuring the lungs of living beings, as well as the furniture and goods ? I answer, Yes, when it is distributed on philosophical principles. But I might ask the medical practitioner in return, whether the corrosive sulphuric and nitric acids may be administered internally ? Yes, he would be ready to reply, when sufficiently diluted ; and the same answer will serve for chlorine. I have been a frequent inmate of manufactories of chloride of lime on the greatest scale, and I have occasionally found the atmosphere, in certain departments of the works, to be impregnated, in a sensible degree, with chlorine gas. Moist litmus paper would have speedily lost its color in such an atmosphere, although dyed woollen and calico stuffs, in the dry state, suffered no perceptible change. The workmen who habitually respired this chlorified air experienced no evil effects on their health, nor, indeed, any inconvenience at all, unless an accident befel some joint of their apparatus. These facts prove the safety of immersion in chlorine largely diluted with air, yet still strong enough to blanch moist litmus paper; which may be regarded as a satisfactory criterion of its activity when directed against contagion.

---

* On the Manufacture and Composition of Chloride of Lime, by Dr. Ure, Quarterly Journal of Science and the Arts, for July, 1822.

In applying chlorine gas to apartments, we should always bear in mind, that it is one of the heaviest of elastic fluids, and therefore it tends to occupy the lower region in preference to the upper. If, in the little cave near Naples, called the *Grotto dei Cani*, the carbonic acid adheres closely to the floor, so that, by rising hardly above the knee, a man continues to breathe in perfect ease, unconscious of the presence of his invisible foe, while the dog at his foot is instantly suffocated, we may judge how much more closely a stratum of chlorine should adhere—a gas nearly double in density to carbonic acid; for air, carbonic acid, and chlorine, are in specific gravity respectively as 2, 3, and 5. We need not be told that chlorine, like other gaseous matter, has the faculty of diffusing itself slowly upwards through atmospheric air; but this is only when it has nothing else to do, for when it encounters substances on which it can exercise its pre-eminent affinities, it will combine with them, probably to *their* destruction, and certainly to its own, as an *influential* gas. In proof of this position, I have many experiments to adduce, one of which was exhibited before the Marquess of Lansdowne, Sir Henry Halford, and the whole Board of Health in the Royal College of Physicians, on Friday evening, the 24th of June. Having had the honor, two evenings before, to submit to that Board a plan for disinfecting the cargoes of ships, by distributing dilute chlorine through their holds by an apparatus, doubts were strongly, and very naturally expressed by many members of the Board, as to the penetrability of dense bales of hemp, wool, and cotton, by the chlorine gas. I was asked, whether I could satisfy them on this head by an experiment; and if so, how soon. I undertook to make the experiment in two days; but an anxiety being shown to have it tried the next day, I promised to do my endeavor, with such apparatus as I could command. Accordingly, on the 23d of June, at four o'clock, P. M., miniature bales of hemp, wool, and cotton, were made up as dense as possible, the latter two being moreover inclosed in thick canvass bags. They were all put into a tall glass cylinder, open at top, the hemp being placed at the bottom. Chlorine was now introduced through a glass tube, which descended beneath the middle of the jar. In the centre of each parcel, a bit of moist litmus paper was placed before it was bound up. Next evening, at nine o'clock, the Board having met again, the little bales were opened, and the papers in their centres were rendered snow-white, clearly proving the penetration. The external fibres of the hemp parcel were so corroded by the chlorine as to be easily torn asunder; while the fibres of the canvass bags, placed above, were not in the slightest degree affected, nor the wool and cotton within them. I have since found that pure chlorine is pretty quickly absorbed by unbleached hemp, with the extinction of the peculiar pungent smell of the gas; but that dilute chlorine, blown through among its fibres, will blanch moist litmus paper enclosed in a compact bale, without impairing the tenacity of the hemp in the slightest degree. If merely so much chlorine be introduced without agitation, through a tube, into a vessel, as to fill its lower half where a hemp package lies, the gas will not spontaneously mount to the upper half, but will concentrate and expend its energies on the organic fibres below. In like manner, if chlorine be made to exhale from capsules placed on the floor of a still apartment, containing beds and other furniture, the gas will be arrested in its diffusive ascent, and will never reach in adequate force the upper walls or ceiling to which the hot effluvia of contagious pyrexiæ (as typhus, scarlatina, small-pox, &c.) naturally rise. Should the walls of the apartment have been recently washed with milk of lime, the gas will be condensed on them; but, if washed with whitening, no absorption will ensue; for chlorine does not displace carbonic acid from lime, nor does it combine with the calcareous carbonate.

We are thus clearly led to the conclusion that chlorine gas, when used as a disinfector, should be considerably diluted with air before it is distributed into apartments, in such a degree and manner as neither to injure furniture nor merchandize, nor materially to annoy respiration. We must throw out of view those constitutions indeed which are so delicate or fastidious as to be intolerant of even the smell of chlorine. The said aërial mixture should be introduced into the middle or upper regions, in preference to the lower, and its diffusion should be promoted by propulsion. Moist litmus paper, suspended in various parts of the chamber, will serve to show when the chlorine has done its duty.

The two figures which accompany this paper exhibit two forms of apparatus for disengaging chlorine in regulated quantities, for mixing it with air in any proportion, for blowing it into any infected space, and for ascertaining the degree of its dilution at any stage of the operation. One of them has been constructed in the Dockyard at Woolwich, by order of Sir T. Byam Martin, Comptroller of the Navy, from a drawing furnished by me, the copy of that laid before the Board of Health on the 22nd of June. The object of this construction is to show how the cargo of a ship may be imbued with dilute chlorine, without injuring its quality or disturbing its position. Such an easy, quick, and safe immersion in this expurgative gaseous medium will, I presume, be deemed by all persons acquainted with the affinities of this most energetic element, to be a surer safeguard against the importation of contagion in merchandize, than the mere exposure of the goods to the air, as practised under the actual laws of quarantine. At the present crisis of the Russian cholera, the cargoes of hemp, wool, hides, &c., now in the course of arrival on the British shores from the Baltic, and immediately placed under quarantine, are so immense as to require, it has been said on official authority, the decks of ninety-five line of battle-ships for their adequate exposure. Supposing infectious fomes to exist in the merchandize, and the quarantine laws act solely on that presumption, what a formidable mass of contagion will be let loose in our atmosphere, and what a cruel duty is imposed on the sailors immured in the pestilential focus! It appears to me that the danger, expense, trouble, and delay of quarantine, may be saved by a just application of the antiloimic virtues of chlorine.

This apparatus may easily be got up by any ship carpenter, in a day or two, with a couple of casks, one small and the other large, which has been actually done at Woolwich.

With the other apparatus, chlorine may be readily propelled in any state of dilution, in any quantity, and in any direction, through apartments of any kind. Such an effective application of this antiputrescent antiloimic element will infallibly exercise an expurgatory influence, no less sweetening to the senses, than salubrious to the system; and ought to banish forever the sham or misdirected agency of chloride of lime or chlorine, with which medical men have so often deceived themselves and the public.* Wherever chlorine has failed to extinguish infectious fomes, the operator, and not the chemical agent itself, has been in fault. Let us suppose, for example, that the fetid air of a dissecting room is to be sweetened; and that this is attempted by setting on the table or floor a few saucers filled with chloride of lime. If the air remain fetid, is chlorine to be deemed inert and inefficacious? No, surely; for the operation was unskilfully performed. Thus also a small portion of chlorine, liberated on the floor of an apartment containing beds and furniture, may never rise in adequate force to the line of the walls where contagious virus may lurk. This remark is peculiarly applicable to the less fugacious infections, as the variolous, which require an energetic dose of chlorine. In fine, one rule may serve for the bleacher and disinfector by this element; that is, to employ it in doses proportional to the stubbornness of the coloring or morbific matter.

The distribution of dilute chlorine through the cargo of a ship, and the due impregnation of the interior of the bales, may be easily accomplished by the above-described apparatus.

Tubes of lead, leather, or the water-proof double cloth, are to be let down a few feet into the hold, under the main hatchway, so that by the action of the apparatus the disinfected air may be driven through every interstice, till they envelope every package. The quantity of chlorine, and the continuance of the operation, must be regulated by the capacity of the ship, and the nature of the bales; but in general a couple of hours will suffice. All the openings in the deck should be carefully closed, except a small one near the stem and another near the stern, to permit the discharge of the atmospheric air and the ready circulation of the disinfecting gas. Eventually, traces of chlorine issuing from these openings will be observed by the smell or by the white cloud surrounding a feather moistened with water of ammonia (spirits of hartshorn). The process may now be regarded as complete; and after the interval of a few hours, all the hatchways and windows may be thrown open, and a free ventilation given to the ship. The residuary chlorine in its discharge into the air being wafted round the bodies of the sailors, will disinfect their dress, and give final security against the importation of contagious fomes.

---

* Mr. Faraday's elaborate fumigations of the Milbank Penitentiary do not fall under this censure.

An apartment may be conveniently disinfected by placing on a shelf or support near the ceiling a small basin or pipkin, containing chloride of lime, having set over it a glass or earthenware funnel with muriatic acid diluted with about its weight of water; the beak of the funnel being partially closed with a cork, so that the acid may drop slowly down on the chloride. Eight ounces of good chloride thus treated with ten ounces of muriatic acid, will suffice to fumigate and sweeten the air of a common-sized chamber.

After the preceding observations, it will not be expected that I should ransack medical repositories, in proof of the antiloimic powers of chlorine. But less fallacious evidence may be found. In the neighborhood of the city of Glasgow, there are several large factories, the atmosphere of certain parts of which has been for a long series of years more or less impregnated with chlorine; I allude particularly to the chemical works of Messrs. Tennant, at St. Rollox, to those of Messrs. White, at Shawfield, and to Messieurs Monteith's calico-print field, at Barrowfield. In the last-mentioned establishment, a great many tons of chloride of lime were for many years treated every week with sulphuric acid, in order to obtain a strong aqueous solution of chlorine. When the sulphuric acid was poured into the clear watery solution of the chloride, contained in a large leaden cistern, a very considerable quantity of chlorine gas escaped into the air, which communicated its peculiar odor to the whole vicinity. Chlorine was also continually emitted from the above discharged liquor, in the course of its application to Turkey-red cloth, for producing the white figures of Bandana calicoes. Mr. George Rogers, the very intelligent conductor of this magnificent establishment, has just favored me with the following letter relative to the anti-contagious influence of chlorine.

"My dear Sir,—In answer to yours of the 24th, I have long been convinced of the efficacy of chlorine in purifying contaminated or foul air, and in arresting the progress of contagious diseases, more particularly typhus. During the long period of thirty years that I have conducted this establishment, with a population of two or three thousand, including their families, I am not aware of a single case that could be classed as contagious; and in many hundred cases in which I have recommended chlorine in the village (Barrowfield), its good effects have been apparent in arresting the progress of typhus and other fevers.—I am, my dear Sir,

"With much respect, yours,
(Signed) "GEORGE ROGERS."
"*Dunoon*, 31*st June*, 1831."

Mr. White, who has given up making chloride of lime for a good many years, and who has no interest in the sale of the article, writes me, 26th June, 1831, as follows:—

"All that I can state is merely the impression among our workmen, of their total immunity from fever;—and this impression is justified by the circumstance, that while typhus was prevalent in the neighborhood, none of the workmen employed in the manufacture of chloride of lime were ever its victims.

(Signed) "JOHN WHITE."

As Messrs. Tennant, the original patentees of chloride of lime, are also the greatest manufacturers of it in the world, their testimony might be received as that of interested persons. But the following document from Dr. Corkindale, physician to the gaol of Glasgow, and celebrated for his skill in medical jurisprudence, is above any such suspicion.

"*Glasgow*, 1*st July*, 1831.

"In the year 1824, a suit was brought against Mr. Tennant's chemical works at St. Rollox, on the score of nuisance, proceeding on the allegation that the fumes arising from the processes there carried on were injurious to the health of the neighborhood. Around the works there are houses for the accommodation of about twelve families of the workmen. These persons have continued to reside there for various periods from two to twenty years. I examined the condition of these people, and made inquiries as to the history of their health during their residence, as detailed by themselves. I found that their condition, in this respect, was nearly the same as other persons of the same rank of life, in ordinary situations; but it was the uniform statement of the whole of them, that *no person residing on these premises had been affected with typhus at the different periods when that epidemic was very prevalent in Glasgow.* It was evident from inspection that this immunity was not owing to superior cleanliness and ventilation, for the apartments were as dirty and crowded as the ordinary habitations, where I know typhus had prevailed. The vapors from the works were various, but by far the most prominent was chlorine, rising both from the preparation of the chloride of lime, and from the treatment of the residuum for the manufacture of soda.

(Signed)

"J. CORKINDALE, M.D. LL.D."

I have been favored by M. d'Epinay, agent of the island of Mauritius to the British government, with an excellent account of the introduction into that island of the Oriental cholera, which, having recently transmigrated the middle of Asia and the north of Europe, now desolates the western provinces of Russia, and hovers like an incubus over our shores. The facts it relates will be found interesting and instructive in no ordinary degree.

"*London*, *June* 25, 1831.

"My dear Sir,—I proceed to perform the promise I this day made of furnishing you with some details concerning the introduction of the cholera morbus into the Island of Mauritius. This disease was imported there by the British frigate, the Topaz, commanded by Captain Dumby. It is in its nature eminently contagious; and although this opinion exposed the colony to which I belong to the most violent calumnies on the part of its Governor, General Darling, and to the anger of Lord Bathurst, then Secretary of State for the Colonies, I must persist in maintaining it, because it is proved by the facts about to be related.

"The Topaz arrived at Mauritius the 28th of December, 1819, having just come from Ceylon, where the cholera prevailed. This fact is notorious, and is indeed fully verified by the following extract from the *Asiatic Mirror*, published at Calcutta, the 24th of December, 1819.

"'We announce with regret that the news brought from Ceylon are very distressing. Fevers, dysentery, and the cholera morbus, are spreading in an alarming manner. The 7th regiment, and a detachment of the 45th, which have been in the island only for a week, have suffered considerably; thirteen officers of the former, and thirty soldiers of the latter, having fallen victims to this terrible scourge.'

"The report of the physicians who visited the frigate on its arrival, stated, 'that the dysentery and the cholera morbus prevailed on board of it.'

"Notwithstanding this, the Physician-General of the Forces in Mauritius, and the Governor, had the culpable weakness to permit communication between the frigate and the shore. The rumor being universally spread that several men of the frigate were ill of the cholera; the representation of the Colonel of a regiment, who opposed the patients of the vessel being carried to the Military Hospital; tents mounted to receive them in the *Ile aux Tonneliers;* were circumstances which caused uneasiness: and the members of the *commune* (parish) imparted their feelings to the Governor, who gave for answer, 'that he was very sorry for them, but that he was ignorant of the laws of the colony;' an ignorance supposable enough in a military man, but not the less reprehensible in a Governor.

"On the 5th of November, he wrote to the *commune*, to inform them that the *Journal* of the following day would contain an opinion from the Physician-General, which would render useless every other measure relative to the disease which *had prevailed* on board of the Topaz.

"On the 19th of November, two negroes fell down in the street, and died before there was time to assist them; and the disease began to spread through the town. On the 23d, the frigate brought-to, and visited a boat from the shore, as it came out of the harbor, on its way to the river *Rempart*. The crew of this boat were soon thereafter attacked with the cholera, which they communicated to the establishment of M. Carcenau, their master, who lost forty slaves, and died himself of the same disease. This was the first plantation where the cholera showed itself, although it was six leagues from the town. It soon made the tour of the Island, terrible in its first ravages, but becoming milder by degrees; more fatal in the neighborhood of the sea, and unknown in elevated regions.

"The communications with the Island of Bourbon, thirty leagues from Mauritius, being open, the disease was not long in being carried thither. The inhabitants, taking alarm, formed immediately a *cordon* round the town of St. Denys, and the punishment of death was decreed against all who should dare to break through it. This scourge did not extend beyond the limits which wise and courageous men had here traced around it.

"Very different was the case at Madagascar, into which the cholera was imported from Mauritius, and exercised the greatest ravages.

"It was computed that, in our island, the number of its victims amounted to a tenth of the population; and I concur in this estimate. It was chiefly among the lower classes, and persons given to intemperance, that the cholera was most fatal.

"A healthy regimen, great cleanliness, exercise, recreation, and courage, were found to be the best preservatives against its attack. Individuals who wore flannel generally escaped. The most successful remedy was saline purgatives, repeated in half-ounce doses every quarter of an hour, till the alvine discharge assumed a natural color.

"I could enter into other details which go to fortify the opinion I have always entertained of the contagious nature of cholera; but I think those I have adduced, and particularly what happened at Bourbon, ought to convince you that too many precautions cannot be taken against permitting communications with vessels coming from districts infected with the malady. Believe me to be, my dear Sir,

"Your devoted Servant,
(Signed) "AND. D'EPINAY."

From the same.

"*July 7th*, 1831.

"I told you that, in the Isle of France, during the cholera, we employed as a disinfector a mixture of oxide of manganese and muriatic acid. We provided small phials of it, which were carried about in all the infirmaries, and by the people who entered the hospitals. They were also carried about by the women and children; and it was remarked that none of those so protected by the disinfecting phials were attacked with the disease. Was this from the virtue of the composition, or from the confidence inspired by it? I cannot answer these questions, but content myself with stating the fact.

(Signed) "AND. D'EPINAY."

MEDICAL JOURNAL.

BOSTON, SEPTEMBER 27, 1831.

CHANGE OF COLOR IN LEAVES.

THE varied and beautiful hues assumed by the foliage at this season, form one of the most remarkable phenomena of the vegetable kingdom, and one which is well worthy of engaging the attention of every observer of nature. This change has been observed to take place with, or soon after the first appearance of frost, and to be rapidly followed by the loss of vitality, and the fall of the leaf. An ingenious author of our own country, the writer of the letters on the Eastern States, has remarked, that the colors assumed by the forests of New England are more brilliant than those presented by European trees, and he attributes this difference to the circumstance that changes of temperature in the autumn are more sudden with us, and that the early frosts attacking the trees, while still vigorous, and possessing an active circulation, produce a more striking and obvious change in their aspect.

However this may be, as respects the fact or the explanation, it is certain that all leaves which are annually shed put on before their fall one or more of a series of colors different from that which they present during spring and summer. In some, the only color assumed is yellow, and this may be observed in the elms and horse-chesnuts, so common in our streets and public walks. In others, this change is succeeded by that to an orange, or a brilliant red; and it is these last which give to our eastern woods, in which the beech and maple abound, their most beautiful dyes. Now it is remarkable that these colors, in the order in which they succeed to each other, beginning with green, form, as far as they extend, precisely the series presented by the solar spectrum. This observation has suggested the idea, that the alteration in question was connected with chemical changes, and especially with a diminished power in the leaf of performing that respiration on which its vitality is known to depend. The development of this theory, however, requires the previous consideration of the question, how far the green color of leaves has been ascertained to depend on the influences to which it is subjected, from the surrounding atmosphere.

From the facts which are observed in respect to the respiration of leaves, it has been concluded that their predominant functions were those of taking from the atmosphere its carbonic acid, and returning to it the oxygen of this gas, retaining the carbon for its own use. The former of these has been supposed to be principally performed by the under surface of the leaf, and the latter by the opposite. In certain circumstances, indeed, as during the night, and in cloudy weather, the reverse process takes place, the leaves receiving oxygen, most of which they combine with a portion of their carbon to form an excretion. The first, however, is decidedly the leading function, and occasionally the process is carried on to such an extent, that from twelve square inches of leaf, ten inches of oxygen have been given off in a few minutes. It is in this way that the product of human respiration is appropriated to the use of vegetable existence, and the atmosphere re-supplied with its vital constituent. So true is this, that although oxygen may be generally obtained from a definite portion of air or water by means of leaves confined in them, yet it is essential to the success of the experiment, that carbonic acid should be present; if the air or water be pure, no oxygen is given out.

Two conditions, then, are necessary to the healthy state of the leaves. First, that they should be furnished by the atmosphere with carbonic acid; and secondly, that the most part of the oxygen inspired, whether pure or combined, should be again given out to the air. Now it is on the due regulation of the last circumstance, that the color of the leaf seems to depend. It has been fully demonstrated by experiments on the spectrum, that the proportion of oxygen increases as we approach to its red extremity, so that the violet ray is the least, and the red the most highly oxygenated. The medium, therefore, exists at the green ray; and hence, it seems not unreasonable to conjecture, that the power of the leaf to reflect this color, results from the due balance of its chemical affinities, and that the change takes place only when this balance is disturbed.

Thus far, indeed, the supposition in question, has the air of a mere hypothesis, and it is easy to answer, that the coincidence between the color of the leaf and the position of the green ray may be only accidental. But when with this are compared the phenomena which attend the decay of these organs, the correspondence is at all events deserving of attention. The power of the leaf to give out oxygen, evidently depends on the presence of a stimulus; since it is only during sunshine that this phenomenon occurs. Under other circumstances, the amount of this element which is received is greater than that given out. If from any cause, then, the amount of stimulus afforded to the leaf be lessened, the consequence must be an accumulation of oxygen. Precisely the same effect will follow, the stimulus remaining the same, and the irritability of the organ diminishing; and this ought to take place during the failure of the leaf, whether occurring naturally from old age, or prematurely induced by cold.

This accumulation of oxygen, then, may naturally be supposed to manifest itself by a change of the green color to one more approaching the oxygenated extremity of the spectrum. Accordingly we find that the first change which takes place gives a yellow tint, the second an orange, and the continued operation of the same cause produces the red. These changes will, on examination, be observed to take place principally on the upper surface of the leaf, the under retaining its green tint for a longer period; a circumstance in favor of the view here taken, inasmuch as the extraction of oxygen is supposed to take place principally from the upper surface, the under being more favorably situated for the reception of the acid.

It has been already remarked that the stimulus of light was necessary in order that leaves might give out oxygen, and that under this stimulus only, they appear capable of separating this gas from its previous combination with the carbonic acid. Now it is to be recollected that when plants are deprived of light they become etiolated, that is, assume a pale yellow color. That in this state, they are saturated with oxygen, is rendered probable by the saccharine taste which under these circumstances they acquire. They also give out no oxygen, but only carbonic acid water, saccharine matter and mucilage. On exposure to the light, they part with their superfluous oxygen and acquire a green color. On the other hand, it has been noticed that in plants exposed to undue stimulus, the green color of the leaves has been changed to a blueish tint.

As respects the trees whose foliage is permanent, and remains green for an indefinite period, there are two circumstances which deserve notice. In the first place, these leaves are entirely distinguished by their form from those which are deciduous, and probably owe to this something of their strength and durability. Secondly, nearly if not quite all these evergreens secrete resin, a substance apparently capable of contributing very materially to the vitality of the foliage. In fact, the coloring matter of the leaf itself presents great analogy to a resin, particularly in the circumstance of being soluble in alcohol. It has been noticed that where other trees have been grafted with scions of these resinous plants, the graft has not only sustained the permanency of its own leaves, but has communicated its character in this respect to the remainder of the tree.

ANATOMICAL PREPARATIONS.

For many years past we have been in the habit of referring, when called on, by any particular case, to refresh our knowledge of anatomy, to that excellent cabinet of preparations possessed by the Society for Medical Improvement,—a society composed of intelligent and enterprising members of the profession, whose semimonthly meetings are to all a source of pleasure, as well as of valuable knowledge. The anatomical cabinet, though good so far as it goes, is still small; and as such a collection is useful only for reference, our medical brethren in the city and vicinity would find it vastly for their advantage to add any such specimens as they may possess, to those already in the rooms of the Society. They would there be sure of careful usage, and such donors might, we doubt not, be allowed the privilege of consulting the whole collection at their pleasure. The difficulty of procuring a suitable place for such specimens, in private houses, is one reason why the opportunities offered for preparing them, are not oftener improved. The plan we propose, by removing this obstacle, would be a means of increasing their number, as well as bringing them into such form as to be most directly and extensively useful.

The want of a good work, in this country, to direct the anatomist in the best and easiest modes of making his preparations, has been another reason of their comparative rarity. The art has undergone very great improvement even within the last ten years, and although the work of Pole is now and then to be found in the dissecting room, it is far from being common. Never having been republished in this country, it is obtained with difficulty, and at a considerable expense. Further than this, we apprehend our schools are destitute of any book which contains all necessary to be known in such cases. It is therefere with pleasure we have perused a new manual just from the pen of Usher Parsons, M.D. and published by Carey & Lea, of Philadelphia. The directions given by Dr. P. are formed on the basis of Pole, Marjolin, and Breschet, and include the new method of Mr. Swan. This work also contains such other directions as the patient research and long experience of a practical anatomist have induced him to believe will be most useful to the student. It will not only instruct him in the best methods of making all kinds of preparations and models, in wax and plaster, of the different parts and organs of the body, but also respecting other important points,—such as the comparative advantages of the different seasons of the year; the diseases apt to be contracted in the dissecting room, with the most successful modes of treating them; choice of subjects; order of examination, &c. On the whole, it is compiled and prepared with judgment, and is the best and most economical companion the student can possess to aid him in the pursuit of this department of his labors.

We ought not to omit noticing—what will be apparent to every reader of this work—the great number of its typographical errors. The sheets could hardly have received the revision of a medical man. These errors, however, which occur mostly in technical terms, will be apparent to any one at all conversant with them, and we trust will be corrected in future editions. The plates appended to the work give a good representation of the different instruments required in making preparations, and the mode of using them.

PATHOLOGICAL WALTZ.

Dr. Johnson has not failed to notice a case recently published, which is admirably adapted to his favorite style of criticism.

Dr. Corrigan, says he, Dr. Hope, and many others, will be delighted to learn that Dr. David Badham has set to music the discordant sounds of a diseased heart, and has thus drawn harmony out of hypertrophy, with more than Paganini's skill. The bars, crotchets, quavers, and demiquavers are tunefully arranged in the pages of an esteemed contemporary, and form one of the greatest curiosities in morbid anatomy which we have ever witnessed. The case was that of a young woman who was treated in the wards of the Royal Infirmary of Glasgow, for pleurisy, and was "completely recovered," and about to be discharged, when it was discovered that her recovery was very far indeed from being so complete. Her respiration was never perfectly easy, and she was put out of breath by the slightest exertion. Her pulse was very uncertain as to frequency, varying from 45 to 115 in the minute. But the following very curious results of various examinations gave origin to the musical, and we would say, very fanciful illustration, to which we have just adverted.

1. Pulsation of the heart heard over the whole chest, or nearly so.

2. The heart's impulse on the right side exaggerated, but slightly; neither the first nor second sound, however, so clear as on the opposite side, where,

3. The former is far louder than natural, but the shock less than over the right cardiac region.

4. The first sound concomitant with the heart's impulse is preternaturally loud on both sides, more particularly on the left, where it resembles the sound commonly produced by the auricles.

5. The rhythm of the heart has been for the last week or ten days altogether extraordinary, and to this fact my attention has been particularly drawn; the first sound, with its concomitant impulse, having been as usual followed immediately by a second; this was in its turn as immediately succeeded by a third, or, to speak more correctly, by a reduplication of the second. These three sounds together form an exact *waltz* measure, after which comes a pause of much longer than natural persistence. On some occasions the auricle (to which I have little hesitation in referring the second sound of

the heart, although at variance, perhaps, with the prevailing opinion) has contracted not only twice, but sometimes thrice, or even four times, for each pulsation of the ventricle; and what is very remarkable, since contractions of the auricles are seldom communicated to the sense of touch, distinct beats exactly synchronous with these sounds are to be ascertained, whatever number of times the sounds are repeated. In short, if the ventricles in this case occupied the same time in contracting as they do in health, and the pause were of natural persistence, the rhythm of the heart might be represented in musical notation, as follows:—

[Here follows the music, which we had not time to represent by wood-cuts, and for the omission of which we shall doubtless be pardoned by the reader.]

Whole number of deaths in Boston the week ending Sept. 16, 24. Males, 15—Females, 9. Stillborn, 1.

Of typhous fever, 1—dysentery, 3—dropsy on the brain, 1—infantile, 3—consumption, 1—old age, 1—cholera infantum, 3—canker, 1—teething, 1—swallowing a bean, 1—unknown, 3—suicide, 1—inflammation in the bowels, 1—asthma, 1—disease of the bowels, 1—fits, 1—debility, 1.

ADVERTISEMENTS.

BADGER'S WEEKLY MESSENGER,

Published in New York, by the former Editor of Zion's Herald and Christian Advocate and Journal. Devoted to the interests of Religion, Literature, Science, Agriculture, Commerce, and Public Occurrences.

While all evangelical denominations of Christians, and each great department of Christian benevolence, have accredited organs of intelligence, comparatively few publications of a highly intellectual and useful character have been established on the common ground of Christianity. It will, therefore, be the high purpose of the Weekly Messenger to record, uninfluenced by the partiality or prejudice of local or sectarian views, the movements of the Christian world, and hail the triumphs, under whatever banner achieved, of the "sacramental host" over error and delusion.

It is believed that a large portion of the American community are prepared, by the prevalence of urbane and charitable sentiments between the various religious denominations, to appreciate and sustain a publication, which, while its chief aim in its religious departments shall be the glory of God and the promotion of the best interests of mankind, will render equal justice to all, and engage in controversy with none.

To the leading objects of his publication the subscriber is willing to devote all the experience he may have gained in ten years of editorial labors, and humbly hopes that his enterprise, as far as it worthily promotes the holy cause of Christian union and piety, may be crowned with the approbation of Heaven, and sustained by an enlightened public.

TERMS.—The price of the Weekly Messenger will be TWO DOLLARS AND FIFTY CENTS a year, payable in advance.

☞ Postmasters, ministers, and other responsible gentlemen, who are willing to act as agents, and secure the payment of six annual subscriptions, shall be entitled to the seventh gratuitously, or to a proportionate allowance in their cash account.

Offers of agency from responsible gentlemen at a distance will be gratefully received.

The publication of the Weekly Messenger, agreeably to the above Prospectus, has been commenced with many encouraging indications of public favor. The paper will be issued every Wednesday, from the Publishing Office, Clinton Hall, New York.

Ladies and gentlemen are respectfully solicited to forward their names as subscribers, or give them to our authorized agents as early as may be convenient.

☞ Subscriptions received by Messrs. WHITNEY & WISE, Booksellers, Nos. 21 and 23 Cornhill, Boston, where the specimen Nos. may be examined. [Monthly Cover—Sept. 1.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

Vol. V.] TUESDAY, OCTOBER 4, 1831. [No. 8.

I.

CASES OF PULMONARY CONSUMPTION, WITH OBSERVATIONS.

By Thomas Henderson, M.D. Professor of the Theory and Practice of Medicine in the Columbian College, D. C.

Case I.—The subject of this case is a young lady, whose mother died of pulmonary consumption. The patient is sixteen years of age. It has been observed that consumption preys not "on the thorns and brambles of this wilderness, but on the rose and passion-flower of human excellence and gentleness." This was exemplified in the case of this lady. Apprehensive from her fragile delicacy of constitution that she would have phthisis, and attracted by her meek, gentle disposition, and by her personal loveliness, her friends watched over her with a tenderness that sheltered her from every impression which could hazard either emotion of mind, or irritation of body. She was nurtured with all the vigilance and care required by the loveliest and most tender flower. Pulmonary irritation, notwithstanding, became evident, and this but redoubled the sedulous attention of her friends. She kept her room, avoided exertion, had a long course of medical treatment. In her case there was no amelioration, it proceeded steadily to a fatal termination.

Case II.—Miss ——, sister of the lady whose case has just been given, was for many years threatened with consumption. She had a very flat chest, cough, expectoration, great debility, pain in the side and breast, amenorrhœa, fluor albus. She became much emaciated, and all who knew her were assured that the hereditary family disease would soon terminate her existence. Nothing that affectionate solicitude could secure was withheld. I attended her for a long time, endeavoring, while I guarded against inflammatory action in the lungs, to prevent the increase of debility. Particular attention was given to avoid active exercise, or exposure to cold. Her health did not improve. Being sincerely pious, and desirous to practise what she professed, she insisted on attending evening prayer meetings, and on uniting with other institutions for benevolent purposes. These involved a change in her habits, *against which I remonstrated*, and in which she was opposed by her friends. She, however, gradually adopted her own course; took no medicine; went out at night, and exerted herself far beyond what was thought discreet. She improved in health; her mind became more cheerful; it was obvious that the change of habits had no unfavorable influence. The pulmonary symptoms declined. She married soon after, has children, and now enjoys good health, with every prospect of long life.

Case III.—Mr. —— is the brother of the cases just related.. He inherited a feeble, delicate frame, with striking resemblance to his mother, who died of phthisis. At eighteen he had a cough and pulmonary symptoms ; but he entirely disregarded the monitions of hereditary predisposition, the actual symptoms of breast complaint, as well as what might be anticipated from a very narrow chest, tall and slender frame. He was engaged in laborious duties in a dry-goods store ; afterwards pursued a life of much more active exercise and exposure to all weather. He went two voyages to sea, and since follows mercantile business that requires bodily and mental activity. He preserved a good state of health for more than ten years. Of late he has had one attack of hæmoptysis ; but except for the time has not confined himself, and is recovering well from it.

Case IV.—Miss ——, aged twenty, came under my care with many symptoms of tuberculous consumption, which disease had proved fatal to several members of her mother's family. My patient has hard cough, slight pain in the chest, expectoration of tough ash-colored mucus, great debility, pain in the loins, and there was an irritable, frequent pulse. I was exceedingly apprehensive of the result, and treated her case circumspectly in the way usually pursued by the best practitioners. She took digitalis cicuta ; was moderately bled, was blistered, and all this without benefit. Seeing that no relief was afforded by medicine, and that the prescribed cautions as to exposure and exertion, denied her many of those enjoyments that a fine mind and cheerful spirit derived from social intercourse in visiting her friends, she gradually ceased consulting me, adopted her usual habits, and lost no health by giving up medicine. She travelled, married some time after, is the mother of several children, has pursued a very active life, and has no reason to apprehend a return of her symptoms.

The four persons whose cases have been detailed, were near relations. The first case submitted most rigidly to what was medically advised ; she was closely housed, took much medicine, and yet the symptoms were not palliated, nor the fatal result procrastinated. In the other instances, strong predisposition to consumption ; nay, actual symptoms were averted and removed by a course utterly at variance with what the physician advised. I do not mean to say that the same course would have removed the disease in the first case, for there are too many cases inevitably mortal. It is sufficient that the result of the three favorable cases be borne in mind, in reading the observations at the close of this paper.

Case V.—Dr. B——, while a student of medicine, attracted my attention. His family has been severely visited with tuberculous phthisis. Within a year two brothers and one sister died of it. He had pulmonary symptoms, pain in the breast, cough ; once spit blood, and his friends deeply feared that he would fall a victim to consumption. His brothers and sister were attended carefully by an eminent physician, who pursued the routine thought best for such cases; he adapted that routine with great intelligence to the several cases. I was consulted in two of the cases; no benefit resulted from medical treatment. Dr. B. was so situated as to be compelled to walk two miles every day to attend the medical lectures, and to return the same distance at evening. This he did with unvarying regularity, through all kinds of weather, and frequently remained in the dissecting room till late at night. Such was his ardor for the acquisition of medical knowledge, that though with the above symptoms and much debility, he exposed himself to weather cold and wet, and to fatigue that others shunned. Occasionally the pain in the chest and debility were alarming—but he took no notice of them, and continued habits that *I urged him to avoid*. He, thus predisposed, continued these habits for three winters, and now lives in finer health than he has ever enjoyed. His relations who died, carefully shunned exposure and exertion.

CASE VI.—Some years since I was called to see a gentleman, about twenty-two years of age. His father died of tracheal and tuberculous phthisis, and my patient had for some time labored under cough, purulent expectoration, hoarseness, pain in the breast. He had fever, with partial night sweats. I could not doubt, from his symptoms and the attendant emaciation, that his disease was confirmed strumous consumption, and that it would soon terminate fatally. I prescribed various remedies, antihectics, mild tonics, bleeding twice for the pain, mucilaginous mixtures for the cough, blisters, &c. As the autumn approached, I endeavored to impress on his mind my views of what should be his winter arrangements; and these views were founded on flannel and the fireside; particularly that he should avoid exposure to cold and wet weather. He promised obedience to my advice as to the use of medicine and exposure during the cold season. I paid great attention to his case and symptoms, but the treatment did him no good. As his duties required exposure, he finally became impatient; went out as I thought at great hazard; abandoned the use of medicine, and as he rapidly lost flesh, it seemed almost certain that he would not live long. I discontinued my visits, as he took nothing, and was imprudent. He would walk miles in the coldest weather without a surtout, and without flannel. He never avoided wet walking, or exposure to rain or snow. He took what diet was most agreeable to him; and now, after four years continuation of these habits, he is in much better health. The pulmonary symptoms are comparatively slight, and he apprehends no bad consequences from them.

CASE VII.—About two years since, at the close of winter, I was consulted by a gentleman who had pulmonary symptoms. He had cough, expectoration, pain in his breast, lost his flesh, his constitution was delicate, his frame slender, and his chest narrow and stooping. I blistered him, gave him cough mixtures, and confined him to his room until the weather became mild. As he did not recover, I advised him to go by sea to New York, to reside in the country, to take exercise freely, and to avoid medicine, unless it became obviously necessary. I had the pleasure to see my patient some time after with his symptoms entirely removed. Medicine had no agency in his recovery.

Case VIII.—Mr. ——, aged fourteen, lost his mother with tuberculous phthisis. It deserves remark here, that his mother was one of a family of nine, every member of which family died of this phthisis. This youth was growing up with every appearance of the scrofulous aspect; strong symptoms of pulmonary disease came on; as cough, thoracic pain, and I am informed that he once had hæmoptysis. He was advised to adopt the life of a sailor, the laborious duties of a common sailor. He went out before the mast; and after having been two years at sea, seems to have a renovated constitution, and is free from the pulmonary symptoms that threatened his life.

Case IX.—Mr. J—— lost his mother with tuberculous consumption. Seven years ago he had measles, which, as they declined, developed pulmonary symptoms, cough, pain in the chest, expectoration of tough dark mucus. Ever since he has suffered with obvious symptoms of tuberculous consumption: during the winter they are distressing.

He has taken no medicine, is bled when the lungs seem to be irritated, and when they occasion pain—and he has derived great benifit from issues. But he has pursued a regular plan of out-door exercise on horseback and in walking, in winter and in summer. He is now better than when first taken. He attends the medical lectures; dissects at late hours, and is confident that his habits have baffled the threatened inroads of a most formidable disease. He does not lose blood habitually—only when obvious local plethora demands it.

I have been induced to review my experience in the treatment of phthisis pulmonalis, by reading two papers by Dr. Parrish, in the North American Medical and Surgical Journal. I could have adduced several other instances, but the above cases appear to me sufficient to justify some very interesting practical reflections. These may be submitted in the form of queries.

1. What has been the result in those cases of tuberculous phthisis which have been subjected to deliberate and judicious medical treatment, *unconnected with free exercise in the open air at all seasons?*

The answer is, that my long and extensive experience does not afford one case of recovery.

2. Has the medical treatment, *without active exercise*, materially protracted life in any cases?

The answer is, that it is very doubtful whether one life has been materially protracted.

3. Have bleeding, digitalis, mercury, prussic acid, tartar emetic, confinement to stove rooms, blistering, emetics, cicuta, ipecacuanha, inhalations, liverwort, have any of these, *without active exercise*, arrested, averted, or cured one case?

Confining this answer to tuberculous phthisis and to my own experience, the answer is in the negative.

4. Has any one case been averted, arrested, or cured, the successful result in which has not been owing to exercise, exertion, to free exposure to weather at all seasons, in walking, riding, and sailing?

The answer is, that this course of habits seems to have been the only preventive or curative agent.

5. And yet another question re-

curs, viz. in reviewing my practice, is there not reason to believe that many remedies so much relied on, and so authoritatively commended, have been either positively or negatively injurious, if not both ?

The answer to this question may be inferred from what follows. The subject should be cautiously investigated, but requires most serious consideration.

If the opinions and experience of Dr. Parrish and others, and if the cases just detailed, prove anything, they demonstrate this, that many cases of phthisis that were in progress of medical treatment, and were doing badly, on discontinuing the medicine, and in relying on active exercise and plain nutritious diet, did well. It would appear that a continuation of medical treatment in other cases did no good; the disease terminating certainly, and often speedily in death. This was probably owing to the intractable nature of the disease preying on constitutions unable to withstand its ravages. We should, however, inquire and reflect seriously, whether remedies, such as are used in consumption, if they be not beneficial, be not injurious. It is not probable that bleeding, mercury, digitalis, prussic acid, &c. will be negative in such a disease, and in such constitutions as the phthisical have. So uniform is their failure to cure, and so frequently are they injurious, that the routine of prescription is formal at best, and hazardous in many instances. This formality, this routinism, is the bane of improvement in our science ; and Dr. Parrish deserves the thanks of the profession for the firmness and intelligence with which he has assailed it.

If it excite surprise when I say that not one recovery from phthisis has occurred in my experience, let it be observed that allusion is made to *tuberculous* consumption. Chronic bronchitis, catarrhal phthisis, and that from ordinary suppuration or abscess in the lungs, are not in view. I have often seen recoveries in these cases, and have reasonably ascribed the recovery to medical treatment. Not so with tubercular phthisis. In this fell disease, if a remedy there be, it is yet to be discovered ; and he is a wise practitioner who avoids the lædentia in scrofulous consumption. This form of phthisis is equally fatal wherever it exists ; and where is it not ? If in the admission that the remedies used may have been positively injurious, there appear too much candor, it is replied, I have followed the best lights that have been supposed to gleam along the dark path of tuberculous phthisis.

Experience has long since taught me that the writings of Dr. Rush on pulmonary consumption are not so much to be relied on as his precepts and practice in many other cases. The peculiar action of tubercular disease in the lungs, arising as it does from strumous complication, sets at nought the simplifications of ingenious hypothesis, and much more the boldness of systematic practice. Consumption consists in something more than the action of chronic pneumony, and invariably baffles the depletory measures directed to reduce that action. The origin, increase, and softening of tubercles, involve more in practical consideration, than the mere question whether or not they are the result of inflammation. It is in the incipient stage of tuberculous phthisis that the practice of Rush is to be deprecated. It is to this incipient stage that the plan revived by Dr. Parrish is applicable, though not a few cases are on record in which the plan was advantageously pursued in more advanced stages. One of my patients appeared to be in confirmed consumption, and yet has been apparently preserved by this hardening system.

There is one thing to be considered in the treatment of consumption, and it is very important. Take a patient threatened with this disease, or with it formed; confine him to his room; deny him active exertion; bleed him frequently; put him on low diet; prevent unreserved intercourse with his friends; give him mercury, digitalis, cicuta, hydrocyanic acid, and you surround him with a gloom that has most positive influence on his nervous system. Nervous depression and irritation, derange, irritate, enfeeble vascular action, especially in the capillaries, and here is a superadded and exceedingly operative difficulty. It is vain to talk to patients about exercise with dumb bells, &c. in stove rooms. Patients lose their energy by the confinement, and many lose entirely their elasticity and hope, in the fear that this course of practice and seclusion arises from the belief that consumption is formed, and therefore incurable. In all chronic cases, mental energy and cheerfulness are conspicuously subsidiary in treatment; without them our mercury, and foxglove, and bleeding, do harm rather than good. This system then of confinement so impairs nervous energy as to act unpropitiously on the bodily powers, on the capillary circulation in the abdomen, on the skin, and above all, in the lungs themselves, favoring obstructions and sluggish circulation there. I have heard a delicate female say, with great firmness, "if I have to live but two years, let me rather enjoy myself than be immured;" and pursuing her own course, she lives and does well.

How different are the effects of accustomed exercise and habits on the nervous system, and by consequence, on general functional action. How exercise tends to equalize and invigorate capillary circulation, and thus to prevent local obstruction, and if used with judgment, to remove it when formed. Exposure to cold is supposed, in phthisical and other cases, to act unfavorably in two ways; on the skin generally by constricting it, exciting sympathetically the *irritatio introversa;* and secondly by direct impression on the air-cells of the lungs. The first mode of operation can be easily guarded against, by carefully adapting dress; while the injury from direct contact of air has always appeared to me to be hypothetical. Doubtless if a person habituated to stove rooms too suddenly inhales a cold atmosphere, it may be prejudicial; but this sudden change is not here considered or desired.

An objection to exercise is by some said to be, that it so hurries the circulation of blood through the lungs as to be prejudicial in tuberculous phthisis. Of this I have strong doubt. Too great exertion may do so; but this is not what we want the patient to make. On the contrary, moderate exercise regularly pursued on horseback or in a carriage, has to my knowledge reduced an irritable and frequent pulse in disease of the heart, to moderate and healthy action. I am sure that so far as exercise favors capillary circulation, it accomplishes an important object in the incipient, or even in the more advanced stages of phthisis.

It has been observed by Dr. Parrish, that the practice sanctioned by his cases and by mine is not new. It is a practice which should be judiciously attempted and fairly tried by cautious perseverance. Let the patient keep the feet dry and warm; let him be so well clothed as to prevent sensations of chilliness; let him avoid those severities of weather that a man in health would shun; but after this let him take exercise in the open air, at first in the mode of gestation, then on horseback, and finally by walking. In winter let him go to a climate where there will be the least interruption to his active habits. In this case physic may be needed to remove painful incidental symptoms, and what this physic should be will be obvious. It may be that these habits, and the courses of remedies usually adopted, have been too much separated under the idea of their incompatibility.

In coming to the conclusions apparently justified by the above experience and reflections, and sanctioned by the excellent judgment of Dr. Parrish, I have had much to contend with. A physician should cautiously abandon practice sanctioned by authority, and should circumspectly enter on the field of experiment. Early education led me to rely much on medicine in phthisis. Facts, however, within my own experience, too numerous to be resisted, and too plain to be mistaken, have caused me much anxious consideration. These facts are submitted, as they may be useful. If duly estimated I think they will not be considered as overrated. We know much of the *pathology* of tuberculous phthisis, perhaps as much as we can expect to know. Bayle, Portal, Young, Reid, Duncan, Southey, Rush, with many others, have illustrated every point in the range of consumption, *except the cure.* I have seen too many fatal cases, fatal after every effort that authority or reason sanctioned, to believe that we know any remedy that promises the least hope to the sufferer. What, then, shall the physician do who has thus been baffled in hundreds of cases? Let him listen to the candid intelligence and experienced judgment of Dr. Parrish: let him test the practice, and confirm or confute the suggestion.

Hippocrates sent his patients on foot to the walls of Megara—Sydenham sent one on a long journey to see a Dr. Robinson. In rhetorical figure and in laudable hope, the physician has said, that in the wilds of the unexplored west, at the base of the Rocky Mountains, the plant may grow, the flower may bloom, the root may penetrate, that possesses the healing power over tuberculous consumption. If the views to be inferred from these imperfect remarks be correct, we may send our phthisical patients in pursuit of the expected blessing.

Amer. Jour. of Med. Sciences.

II.

MEDICAL LITERATURE OF THE UNITED STATES.

Dr. Black, a physician of some note, and resident at Bolton in England, has recently published, in the North of England Medical and Surgical Journal, a sketch of Medical Science in the United States. His details are generally correct, and his paper marked by a candor and strict regard for truth and justice, rarely met with in those of his countrymen who have undertaken to publish accounts of their travels in this country. We offer below, a few detached extracts from the concluding remarks of Dr. Black, which will be interesting, as showing the impression made on the mind of an intelligent stranger, by our medical economy.

The paths of literature have not been uncultivated by our medical brethren in the west; and though their works are not generally known on this side of the water, they are yet voluminous on many subjects of practical Medicine, and display a very laudable research and inquiry. The works of Rush deservedly stand the first in the catalogue, being as well known in England as in America; and in succession may be ranked the productions of Drs. Barton, Hosack, and Mitchell. The "Anatomy" of Dr. Wistar, of Philadelphia, has a great character in the States, and also Dorsey's "Elements of Surgery," to which may be added the works of Physick, Mease, Caine, and Chapman, of Philadelphia; not to forget the more modern Treatises of Dewees, of the same city, on Female Complaints; that of Beck, of New York, on Materia Medica and Medical Jurisprudence; and those of the late Dr. Godman, on Natural History, and some medical subjects. The leading authorities in Surgery, are Physick and Dorsey, of Philadelphia; Post and Mott, in New York; and Dr. J. C. Warren, of Boston. Cullen's "Lines," and Dr. Gregory's "Practice of Medicine," are the text books generally used by students; the "System" of Good, being a scarcer work, and I do not think it is re-printed in the States. The best and more leading works in England are all re-printed and sold at a somewhat cheaper rate than their market price in this country; and the American Medical Editors put them under a slight trimming and annotation, in many instances, to fit them better for the market in the States. The re-prints form a great part of medical libraries; the native works sell higher, and are principally confined to subjects of practical Medicine. The tone of medical literature savors little of theoretical reasoning, deep experimental research, or historical disquisition; and indeed works of this description, however talented, or laboriously prepared, would not repay the author, or be much read. Practical utility and economy are the great themes of authorship; and the labors of the medical press even bear the impression of the mechanical and utilitarian stamp of the age, in a greater degree than that to which the productions of our country have as yet, on the whole, arrived.

* * * * *

The wide boundaries of the United States are plentifully supplied with medical schools and all auxiliary appliances; and though none of them affect to afford the high scale of education, which the Universities and the higher schools in this country do, still enough may be learned and acquired at the majority of them, to qualify the young practitioner for entering on his profession, with credit to himself and much usefulness to the public,—and eventually of leading him, with due study and care, to the highest eminence, as a physician or surgeon. Many of the leading physicians and surgeons in the States have no other academical honor, but the doctorate of their own schools. The ambition or necessity of being possessed of a degree from this country or the continent, has very much diminished of late years. This is partly owing to the growing opinion which the Americans have of the independent importance of their own country—their latent prejudices, not altogether unnatural, against being in any way beholden to the mother country, and the increasing respect which is paid to degrees granted among themselves.

However well adapted such a diffused, cheap, and short course of medical education may be to the wants of a young and widely extended country, it must, however, be seen, that it is not fitted, in the ordinary course of human intellect, to lay the broad foundations of those elements of professional learning, on which an extensive and refined superstructure will be reared. Compared with the course of education now required for candidates at Apothecaries' Hall, the formal course of study for the Doctorate in the United States exhibits a slenderer extent of qualifications—without adding to the Apothecary's superior course of study the *longus labor inanisque* of the apprenticeship of five years, and the requisite attendance on Hospital practice, the former of which is not the initiatory custom in America, and the latter is not imperative. The facilities which are hereby afforded for entering on the honors and privileges of the profession in the States, have encouraged of late years many young men of slender education to become doctors—among whom the adventurers to the west, and the sons of rich parents, whose divided estates (by the laws against primogeniture) have afforded their children enough to make them disdain a small trade or any mechanical employment, without being sufficient for their entire support, form a great number of the whole. This open and facile state of the portals of the profession is frequently lamented by the Teachers themselves; and they behold with regret, the rush of aspirants to their class rooms, provided in general with little intellectual recommendation but a common education, without classical acquirements, a quick perception, and an ardent ambition to pass on with the armor of a degree, and embark in the great contest for food, raiment, dollars, and land.

Instead of a growing disposition in favor of classical education, as the country has advanced in wealth and refinement, there is rather an increased prejudice against it, not only among the mechanical classes, who look with the greatest jealousy on the sons of rich people receiving a higher degree of education than the common or State schools afford, but also among many of the better educated, and people of property themselves; who pretend to see the inutility of such monastic acquirements, either to make their sons serviceable to the State, influential among the people, or to advance their pecuniary interest in any employment. The heads of the different colleges have, therefore, occasional difficulties in stemming the tide of this utilitarian prejudice, and short as are the terms of a literary degree at many of the seminaries, they have at times been publicly called upon to throw their gates still more open, and cut shorter their terms, that the youths of promise may figure away in the world, before the years of their minority are accomplished. The Trustees of Yale College, one of the most eminent seminaries, and an honor to the country, have lately made a laudable and truly patriotic stand against this inroad of mechanism; and the North American

Review has also ably advocated the cause of learning and academical discipline at several stages of its respected career. The terms and course of education at many of the Colleges of the States are well adapted to lay the ground-work of classical and scientific attainments of the higher order, and if followed up by a more protracted term of study, are every way competent to crown their graduates with every requisite qualification for entering any profession, or embarking in the fields of scholarship. From such Colleges as those of Yale and Harvard have issued young men of great literary acquirements; and those of them who have subsequently embarked in the professions, have reached an eminence, which their less educated competitors neither have, nor could ever have attained. It is the public and ambient pressure on the pale of College discipline, which is threatening to break down the sanctuaries of learning, which is the subject of regret, both to Professors and all who love to adorn their country as much by the labors of intellect as by mere wealth. The active energies of the young population, so full of promise in most that relates to the economy of the State and society, are likely to prove, like the precocious activity of some of the bodily functions, but stimulants to the premature and unfruitful development of ambition and enterprise; which as naturally lead to wild speculation or despondency, as the excited stomachs of children to early dyspepsia and valetudinarianism.

Finally, adverting to the short course of medical education in the States, it is presumed, that the medical faculties, having seen how the scale of education in this country and in France is becoming more and more elevated and extended, and that the curriculum for the degree of M.D. among them, will not admit now of comparison with that for the Apothecary's license, and still less with those required for the diploma and degree at our Colleges and Universities, they will also see the necessity, as a matter of justice to their graduates, and of respect to their schools, either to extend their terms of lectures and of study, or else institute a higher class of medical graduates, who may have undergone a longer course of study and a severer scrutiny.

To the first of these modes some difficulty presents itself; for in order to render the alteration efficient and complete, the whole schools throughout the Union must concur in the extended system of study; as it may be considered quite certain, that wherever a limited course for the degree remains, thither will the spirit of adventure and frugality carry the American students. As to the second scheme, the republican spirit of society will present prejudices and objections to different ranks being in the profession, which would outcry any arguments or apology that might be made for the innovation. Time, however, assisted by the influx and diffusion of wealth, may bring about some more favorable state of thinking in this respect. The way, perhaps, to evade some of the prejudices on this important subject, would be for government to appoint a General Faculty or College, chosen out of all the principal Schools of Medicine, before whom a higher class of graduates may be examined, after a prescribed course of longer study and attendance on lectures than is now required, and be honored with the title of a Doctor in

Medicine of the United States, the initials of which qualification might be M. D. U. S. This higher scale of academical acquirements and study would place the graduates so honored on a level with those who have received degrees in this country or on the continent, and so promote that mutual respect and deference which should exist among all educated members of a liberal profession throughout both hemispheres of the world.

The following is Dr. Black's account of our State Hospitals.

The Massachusetts General Hospital, founded in 1818, is situated on a very eligible spot, at the city end of Charlestown Bridge, and close to the water, communicating with the beautiful and picturesque Bay of Boston. The outside of the building is of fine Quincy polished granite, having an elevated portico of the same in Ionic columns, with a corresponding entablature running round the whole. Between it and the water, is a well-stocked garden, neatly laid out, and hot and cold baths of fresh and salt water for the patients. The internal economy is superior to anything I have ever seen as a refuge for the sick. Pay-patients are received at the rate of three to five dollars a week. Some of the rooms for this class, are tastefully and richly furnished, having fine mahogany bureaus, and bedsteads, mirrors, &c. There are also parlors and bedrooms in sets. The number of beds is 100. The patients last summer did not exceed sixty in all, the greater part of whom were poor, but appeared of a respectable personal character, especially the females, who spoke remarkably well, and had the air of good breeding. The nurses were all females, under thirty years of age; and, from their good looks and fresh complexions, good manners, and neat attire, had the appearance of the most respectable class of housemaids in England. The kitchen, laundry, and apparatus for heating the wards, were on the newer and scientific constructions, admitting of little improvement.

Clinical lectures are given at the Hospital in the winter, free of all charge to the Medical Students of the College. There is also an Insane Institution out of the town, under the same funds and incorporation as the Hospital; which has, besides the grant of land by the State, that was sold for its foundation and support, received above 300,000 dollars in private donations.

III.

To the Editors of the Boston Medical and Surgical Journal.

Gentlemen—Should the following case be worthy of notice, you are at liberty to give it a place in your useful Journal, as it came to me.

CASE OF DISEASED KIDNEY.

Harriet Gibbs, aged two years and three months, was at birth characterized by good health and sound constitution. In her case there did not appear to be any visible or perceptible deviation from health, until at the age of nineteen months, at which time a train of symptoms characteristic of febrile disease began evidently to manifest themselves. For a considerable length of time these symptoms were not regarded as of but minor importance, and were supposed to arise from a variety of diseases peculiar to children of that age ; such as dentition, diarrhœa, &c. &c. But in a short time the train of symptoms was such, that not even a careless observer could for a moment hesitate to decide upon the true nature of the disease,—such as pain in the region of the kidney, with an evident enlargement of the left side ; lassitude in motion ; exercise appeared to affect her sensibly. All symptoms continued as usual, without any evident change or alteration, (except an evident and very perceptible enlargement of the abdomen,) until her death, which was on the 10th January, 1828. During the illness of our little patient and sufferer, rest appeared to be an almost total stranger to her, except when she was on her left side with her legs drawn up. The stomach and other digestive organs, appeared to perform their several offices with perfect regularity, until September, (before her death), when they were evidently disturbed, the appetite poor and impaired, and so continuing for nearly four weeks, when an improvement of symptoms took place. These were of but momentary duration. At this stage of her complaint, a great variety of symptoms manifested themselves ; such as strangury, with the most excruciating pain whenever she urinated ; the urine was invariably mixed with more or less of dark grumous blood. It was generally remarked,that after these paroxysms of pain, the little sufferer would always find ease and quietness, and the urine would then assume its natural appearance. Generally passed twelve or twenty-four hours without urinating, and then always in but very small quantities. The presence of blood was not discovered until two or three weeks after the existence of the swelling. All symptoms remained much the same, and no visible change in appearances (except an increase in the size of the abdomen) until four weeks previous to death. At this stage of the disease large quantities of pus were daily passed by the bladder, with little or no urine. Great irritability of the stomach existed now, and until her death. It was with great difficulty that any kind of food was retained on the stomach, except in a liquid state. About two weeks before death, the urine that was passed exhibited more the appearance of saffron tea than its natural appearance, staining the diapers that were used about the child with a bright yellow appearance. Bowels generally regular through the different stages of the complaint,until the latter period, when costiveness was an attendant symptom. Stools, when procured, always had a green appearance. Had colliquative sweats from the commencement. Tongue sometimes coated with a white buff; but appeared natural. Twelve days before death there was œdematous state of the lower extremities, and since August, had in a great measure lost the use of her left leg. The swelling of the limbs was hard, and to the touch did not resemble true anasarca, as it was perfectly hard and not easily compressed. There were no peculiar symptoms different from what had manifested themselves until death, except a regular and very perceptible enlargement of the abdomen.

Dissection after Death.

Twelve hours after death, opened into the cavity of the abdomen, and exposed its contents to view. The abdominal integuments were distended to an enormous extent, and adhered to the viscera generally, and particularly to the diseased kidney. These were carefully dissected away, which gave us an opportunity of learning the true nature of the disease. The left kidney, which proved to be the seat of disease, exhibited a wonderful and striking phenomenon. Gradually emerging from its natural situation, it took the place of the viscera, generally. The stomach was thrown up and backward, and firmly attached to the diseased kidney, midriff, and a small share of the left lobe of the liver. The liver was displaced, enlarged, scirrhous, ulcerated in many places, and attached firmly by its convex surface to the diaphragm, and slightly to the peritoneum of the right side. Spleen healthy, showing no marks of disease. Right kidney healthy, mesenteric glands considerably enlarged. About twenty ounces of highly colored water were found in the cavity of the abdomen. With considerable difficulty the diseased kidney was carefully dissected out and removed. On being weighed, it was found to weigh seven pounds and three ounces.

I did not have the care of the patient in any part of her sickness, but was called upon to make the examination after death, and procured the foregoing history of the case from the parents at the time of dissection; of course I have given it in their own language.

CALEB PIERCE.

Madrid, N. Y. August 30, 1831.

MEDICAL JOURNAL.

BOSTON, OCTOBER 4, 1831.

COMMUNICATIONS OF THE MASSACHUSETTS MEDICAL SOCIETY.

WE have now on our table the latest publication issued by the Massachusetts Medical Society, forming Part II. of the first volume of a new series. The pamphlet, though consisting of less than 200 pages, contains several articles of sterling merit, and while it furnishes new testimony of the zeal of the Society, forms an important addition to the medical literature of the day. To attempt any analysis of the contents would be doing injustice to their authors, and is by no means our design. We will, however, present to our readers a catalogue of the articles, with a few remarks on the general scope and design of each.

No. I. Remarks on Puerperal Fever, by A. L. Peirson, M. D.—Dr. Peirson's observations on this disease are derived from twenty cases which have occurred to him since January, 1829, previous to which time, though he had attended more than 500 cases of midwifery, he had not met with a case of this painful sequence of accouchment. Dr. P. considers the disease as not contagious, and states reasons for this belief, which certainly weigh strongly in favor of its correctness. The article concludes with a curious history of spasmodic pain of uterus simulating puerperal fever, which was relieved by opiates, fomentations, and cathartics.

No. 2. Case of Mechanical Obstruction of the Jejunum, by J. Stimson, M.D.—The subject was a lad eleven years of age. The principal symptoms were vomiting and constipation. Dissection proved the disease to be produced by a membranous band situated at the commencement of the jejunum, apparently formed by the mesentery.

No. 3. Case of Hydrocephalus, by Jeremiah Spofford, M.D.—This was a case of unusual interest, occurring in a patient 40 years of age. More than half a pint of colorless fluid was found in the ventricles.

No. 4. Remarks on the History and Treatment of Delirium Tremens, by John Ware, M.D.—The name of the author is a sufficient pledge of the accuracy and philosophical character of this production. Dr. Ware's experience in delirium tremens, amounts to nearly one hundred cases; and the opportunities of observation thus offered, have not been neglected. We shall extract two only of the many valuable remarks contained in this paper. Dr. Ware condemns the common notion that this disease is usually caused by the omission of ardent spirits in those accustomed to free potations. This idea is naturally suggested by the fact that delirium often comes on in habitual drunkards when the system is debilitated by other maladies, in consequence of which the usual stimuli have been of necessity proscribed. It is certainly a very generally received impression, and materially influences both the medical and the popular management of the disease.

It is a common belief that sleep is the sure precursor of a favorable termination. Dr. Ware has known sleep procured by opium to be succeeded by death. In this case the commencement of the slumber is not marked by any peculiar symptoms by which its result can be anticipated. It soon, however, alters its character; becomes at first more unquiet, then comatose, and soon proves to be the sleep of death.

Dr. Ware's description of the paroxysm of delirium tremens, is incomparably the best we have seen. It is sketched from the life by a bold and masterly hand, and may be regarded as a model in this department of medical composition.

No. 5. A brief Memoir of Wm. Douglass, by Timothy Jennison, M.D.—A curious and amusing biography of one of our practising physicians in the early part of the last century. We expressed to Dr. J. a wish to see this memoir in print, and now feel obliged to him for thus rescuing from oblivion the name of one of our earliest regular practitioners. Documents of this kind, illustrative of the infant period of our medical history, cannot fail to be interesting at the present day, and still more to our distant progenitors. The one before us is more peculiarly so, on account of the active part taken by Dr. Douglass in the controversy respecting inoculation, which was, at that period, just coming into notice. The only fault we find with the literary character of this production is, that from having been probably written at different and pretty distant times, it appears in some parts rather harsh and abrupt.

The volume concludes with an account of the Annual Meeting of the Society in June last. We have referred elsewhere to the proceedings of this meeting, and therefore need not recur to them in this connexion.

CHOLERA.

The Editor of the London Medical Gazette, states the following interesting facts, in the course of some remarks on the painful progress of the Cholera.

Of the different methods of treatment, that by sub-nitrate of bismuth is regarded at St. Petersburgh as most successful—if, indeed, success can be spoken of where so few recover; and the Emperor has gone so far as to issue a proclamation, commanding the use of this medicine in preference to others—an edict which, if it appear to us rather arbitrary, will at least have the advantage of deciding the question as to the real power of this remedy over the disease. There is reason to believe from these accounts, that ill-timed blood-letting, and over-doses of powerful medicines, have added to the frightful mortality which has prevailed in the northern capital of Russia. During the prevalence of the disease at St. Petersburgh, the wind has been easterly, and the thermometer about 21 degrees, i. e. 79 degrees of Fahrenheit.

It is satisfactory to us to be able to state—and our sources of information are good—that although a few persons of the better classes have been attacked, as yet they have been but very few, and constitute exceptions to the general rule. By the "better classes," we mean those who have the means and inclination to use wholesome generous diet, without any approach to intemperance. The death of Marshal Diebitsch, and the Grand Duke Constantine, have been supposed to justify a different conclusion; but keeping in view what we have just said, it is not quite apparent in what class of society these personages ought properly to be classed.

We stated sometime since that cajeput oil had been found beneficial in the cure of this disease. The English newspapers inform us that Sir M. Tierney has been in communication with the Russian and Prussian ambassadors, and that a quantity of this oil has been sent to those countries for the purpose of testing its value. When the result shall be known we shall not fail to record it. In the mean time we present the reader with the following very clear history of the symptoms of this disease, contained in a letter from Dr. Barry.

St. Petersburgh, July 20, 1831.—The disease is certainly somewhat mitigated, both as to the number and the fatality of the attacks, though the weather has continued unchanged. Thermometer in our apartment steadily above seventy degrees of Fahrenheit; very little wind, and what there is, constantly from the east, with the exception of twenty-four hours last week. I came here with an impression strongly fixed upon my mind, that the essential and dangerous features of cholera morbus were immoderate and ungovernable vomiting and purging of a serous fluid, violent spasms, and exhaustion and collapse, necessarily attendant on such a state; consequently, that the first indication would be, to restrain these depressing evacuations. The fact is, however, that vomiting and purging are amongst the least important symptoms of the present epidemic, though the appearance of the fluid evacuated is highly characteristic. Rice water strained, and allowed to settle down, is, when shaken up, the best type. The evacuations, both upward and downwards, either soon cease or are easily repressed; while in many cases, and these the very worst, there are either none, or they are very trifling. It is the sudden paralysis and rapidly diminishing action of the heart, of the arteries, and of the organs of respiration, with the stasis and thickening of the blood, the loss of the power to generate heat, that constitute the real danger of the first,—the most fatal stage of the disease. Blue black, flat lines, mark the course of the larger veins; a deadly livor colors the skin; even the tongue is icy cold; the respiration is short, quick, and imperfect; the scrobiculus cordis and diaphragm drawn violently upwards; the pulse and voice extinct; the limbs and belly torn with spasms; the hands and feet shrivelled, corrugated, and much diminished in volume; the reason unimpaired. It would seem as if all the colorless cells and vessels, upon which the turgor or plumpness of the integuments so much depends, were squeezed to emptiness, and nothing left but the thickened coloring matter of the blood. If this state cannot be overcome in a very few hours, the sufferer must die. Mordechi, or mort de chien, or mort noir, would either of them be a much more appropriate name for this inexplicable malady, than that by which it is at present designated. I am now quite convinced that neither Celsus nor Sydenham ever saw this disease, else they surely would not have omitted all the symptoms that I have just enumerated.

It is in the above state, particularly if there be violent spasm, that the magisterium bismuthi has been found so serviceable, assisted by cordials, sinapisms covering the whole belly, and frictions. Neither warm bath nor vapor baths will do. The body is warmed by them, as a dead animal would be, but the faculty of generating heat not being restored, the patient cools down rapidly again, and with increased debility. Opium appears rarely to be contra-indicated, unless to allay vomiting and spasm, which the bismuth effects much better; and calomel they have not ventured to give in large doses.

Two physicians (Germans), Ysenbeck and Brallow, stated publicly and firmly yesterday, in my presence, at the Medical Council, that during the preceding eleven days they had treated at the Custom-house Hospital, thirty cholera patients, of whom they had not lost one. They give two table spoonfuls of common table salt in six ounces of hot water, at once; and one table spoonful of a similar mixture, cold, every hour afterwards. They always begin by bleeding.

But in the ordinary way of treating the disease: suppose the first stage safely past; very rarely indeed—not five times in the hundred—does the patient return to health without passing through a dangerous fever, which not unfrequently assumes a typhoid character, with reddish, brown dry tongue; stupor; suffused eye; constipated and tender belly; dark sordes about the lips and teeth. The pulse, however, is generally quicker and the skin hotter, than in primitive typhus. In this state many die from the fourth to the seventh day, and even later. In other cases the fever is benignant, and goes off within the fourth day by copious perspiration.

My object in entering into this detail is to warn you that many and fatal cases of the present epidemic may occur with little or no vomiting or purging. The shrivelling of the fingers and toes, the color of the skin, the shrinking of the features, the coldness of the tongue, the feebleness or extinction of the pulse and voice, the rice-water evacuations, when there are any, are the true marks of the disease, not to be mistaken.

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

Vol. V.] TUESDAY, OCTOBER 11, 1831. [No. 9.

I.

REMARKS ON VACCINATION.

By W. Howison, M.D. F.R.C.S.E. Vaccinator to the Royal Dispensary, Edinburgh.

Having been employed during the greater part of my professional life in the performance of vaccination, and having paid particular attention to the various circumstances affecting the cowpox vesicle during its progress, and its efficacy as a security against smallpox, I consider myself entitled to make the following observations and remarks upon the subject.

1. The period of life most suitable for vaccination appears to me to be from one month after birth to one year old. When performed during that period, the vesicle goes through its progress in a more complete and perfect manner, and contains within its cellular structure a greater quantity of virus, of the purest and most efficient quality, than it does when performed at any other period of life.

From my experience, I lay it down as an axiom, that the earlier in life vaccination is performed, the more complete, efficient, and beautiful (if an enthusiast be allowed the expression) in its appearance, will be the future vesicle throughout its various stages; and that the later in life, the reverse of the position holds good. Indeed I always feel uncomfortable in vaccinating individuals (such as recruits who are sent to the Royal Dispensary, and others) at an advanced age. The vesicle seldom gives satisfaction, and its security at an after period, as a preventive against smallpox, is at the best doubtful.

2. A healthy infant, plump, and well filled up in flesh—one brought up in pure air, cleanly, and of healthy parents — invariably produces a more beautiful and effective vesicle in all its stages, than the emaciated, puny infant of large cities; and in circumstances the reverse of those above mentioned.

3. In introducing the vaccine virus into the arm of the infant, I invariably make use of the round-pointed vaccination lancet contained in the cases of inoculating instruments sold in the cutlers' shops, and never use the common bleeding lancet. The former scratches the cutis very gently, steadily, and to a considerable extent, introducing a large quantity of virus into the wound, which makes the future vesicle of a long shape and well filled with lymph—a circumstance of considerable importance, when many infants are afterwards to be vaccinated from it. It also makes a practitioner careful and interested in the future success of his operation. The common sharp-pointed bleeding lancet, on the contrary, with the utmost care, and in the

most experienced hands, gives unnecessary pain, pricks deeply, inserts only a small quantity of virus, produces effusion of blood, washing out the lymph, rendering the formation of the future vesicle doubtful —producing one small, of a round form, and containing too small a quantity of the vaccine fluid for future vaccination.

4. Vaccination which is performed by introducing the vaccine virus in its most recent state, flowing from the vesicle of an infant, at once into the arm of another, is always preferable to the inoculation performed from glass, or from virus preserved in any other way, by crust, &c. ; and I feel convinced that *the perfection and security of the future vesicle will be in proportion to the freshness of the vaccine virus.* I would recommend the practitioner, in all cases, when it can be done, to send the infant to be vaccinated to the infant from whose arm the virus is to be taken, and to attend and perform the operation himself. Besides, there is a satisfaction to all concerned in seeing the infant, and in being assured of the certainty of the vaccination.

5. Vaccination ought, in every case, to be performed in two places, and at the same time, in every infant. Some practitioners prefer to insert the virus into one place, in each arm ; others to insert it into two places in the same arm. When the latter method is followed, the inoculations ought to be so far from each other that the inflamed areola, at an after period, surrounding each vesicle, may not run together. If *vaccination be performed in one place only in an infant, no virus ought at any after period to be taken from the vesicle*, otherwise too little will remain to be absorbed into the constitution ; and its future efficacy, as a preventive of smallpox, may be uncertain. Besides, were it punctured, its future progress might be interrupted, or totally destroyed.

6. From long experience I am inclined to think that *temperature, or weather, affects, to a considerable extent, the perfection of the vaccine vesicle.* I have always observed that the vesicle is more complete, and more certain of going through its various stages, during the summer months, and particularly during warm seasons, when it is turgid with pellucid virus, than during the winter, when the weather is cold and tempestuous ; at which period the vesicle is small, imperfect, and flaccid.

7. It is unnecessary, generally speaking, in almost any instance, to administer purgatives, or any other medicines, to the infant during the progress or after-treatment of vaccination. In the Royal Dispensary, some time ago, it used to be an invariable rule to administer a powder of rhubarb and magnesia to every infant after vaccination. For many years past this has been entirely omitted.

8. *The proper period for inoculation from the vaccine vesicle, when it has pursued its regular course, is undoubtedly the eighth day.* At that time its cells are fully distended with transparent virus, and it is in its greatest state of perfection. If vaccination is performed from the vesicle upon the seventh day, it will be small in size, contain a minute quantity of virus, and its future progress will be retarded or totally destroyed. If the vesicle is allowed to advance in its progress until the ninth day, its virus will then be found to be opaque, the watery part being absorbed, and

vaccination performed from it will probably fail.

9. A larger number than five children ought never to be vaccinated from the same vesicle, however large it may be, or however much virus may be contained in its cells. As the vaccination in those last operated on will undoubtedly fail, perhaps from the virus becoming weaker in its nature, I am of opinion that, in such a case, the vesicles of the child first inoculated will be more perfect in every respect than those of the second; and so on until the vaccination fails entirely.

10. *In taking virus from the infant, for carrying on future vaccination, one only of the two vesicles should be punctured or emptied of its contents:* the other ought, in every case, to be allowed to remain uninjured, that its virus may be absorbed into the constitution, rendering the little patient for life afterwards proof against smallpox infection. If the virus be completely withdrawn from both vesicles, and its consequent absorption into the animal economy be prevented, I feel doubtful whether or not, at an after period, it will afford sufficient protection against smallpox contagion: at least, when the entire virus of one vesicle is allowed to pass into the constitution, as now recommended, the result must be far more satisfactory.

11. When virus is taken from the vesicle, and preserved upon squares of glass for future vaccination, it ought always to be deposited in a mass upon the centre of one of the squares, and allowed to stand exposed to the air until it become viscid, or almost dry, previous to covering it with the other plate. If the two plates be brought together when the virus is still fluid, it will be dispersed across the surface of both plates, forced over their edges, and rendered unfit for future vaccination. *The best and most convenient method of preserving vaccine virus for future inoculation, with which the medical world is as yet acquainted, is undoubtedly the stoppered phial*, with its stopper possessing a considerable surface, ground opaque, and slightly concave; and of one such every practitioner should be possessed.

12. If we take into consideration how often virus is made use of for vaccination, which was not that of cowpox, in its proper condition; or, never taken from the vaccine vesicle at all—how often such individuals are passed off as vaccinated—we are not to be surprised at the numerous cases brought forward of smallpox occurring after vaccination.

During the months of November, December, and January, of the past winter, whilst the vaccination carried on at the Royal Dispensary was entirely performed by me, I have observed, that the vesicles upon the arms of the children inoculated, with very few exceptions, have not gone through the same regular and complete course, which they were accustomed to do, during the summer months; and which I have always formerly seen them do. They have been small in size, flaccid, their cellular structure imperfectly filled with virus, and in many instances (I may say always, if punctured upon the seventh day, when virus was unusually difficult to be procured) they have died away without giving satisfaction, or they have never come forward at all. Vaccination, also, performed from these vesicles, has either proved unsuccessful, or, as might naturally have been expected, has only produced pocks, more imperfect and unsatisfactory than themselves. During the months above mentioned, I have been frequently obliged to borrow vaccine virus from other sources, to keep up the inoculation at the establishment; in place of having a superabundant and profuse supply at all times, to give to others, as was formerly the case. And, from the numerous applications made to me for a supply of virus, during the above mentioned interval, by private individuals and by public institutions, both in town and country, I am entitled to conclude, that they must have been in a similar situation themselves.

It is but candid, however, to state, that during the tempestuous weather, which prevails during the winter months, mothers will not bring out their children to a public institution for vaccination, particularly as inoculation is then performed only on two days out of the seven (viz. Wednesdays and Saturdays at the Royal Dispensary), and as the virus is only in activity during the eighth day, the supply of fresh virus runs out upon such occasions. This seldom or never happens at any other period of the year; and forms one of the causes injurious to vaccination, during the winter season.

In consequence of what I have now brought forward, in the preceding pages, the following important questions force themselves upon my mind. What has been the cause, or causes, of the falling off in the progress of the cowpox vesicle, or of vaccination, during the winter months? Has it been owing to the tempestuous weather and diminished temperature, which prevail during the winter season; and particularly this last year? Has it been owing to the prevalence and severity of the smallpox, at that period uncommonly fatal—and raging round the institution, mitigating or destroying the energy of the cowpox virus? Has it been owing to the degenerating of the vaccine virus at present in our hands, owing to its long confinement to the human subject; and must we again have recourse to the original supply—the udder of the cow?

Is there any other cause which can be assigned for it, of which I am ignorant, or have omitted to mention? or have these various circumstances, acting together, so far destroyed or diminished its energy? Will vaccination, carried on and passed through in an imperfect and unsatisfactory manner, secure the infant, at all future periods, against the contagion of smallpox? Has this been the principal or only cause (taking into consideration the many uneducated individuals—nurses, blacksmiths, &c. who perform vaccination, and the inefficient and uncertain state of the virus introduced into the human constitution, under the name of vaccine fluid, by such individuals) of the comparative disrepute into which vaccination has fallen at the present day?

I may be blamed, and perhaps justly so, for making these remarks at the present moment—for throwing out any ideas that may have the slightest tendency to lessen the public opinion of the benefits arising from vaccination. The remarks, however, are intended to be confined to the medical profession. My intention is to strengthen the benefits arising from vaccination—to do away any circumstance that may prove prejudicial to its efficacy, and I hope that my intentions will not be misapprehended. My ideas are, 1st, That it is proper again to have recourse to the original source—the udder of the cow. 2d, That vaccination, conducted under proper management, confined to well educated medical individuals, and to such only, and carried on at favorable seasons of the year, will flourish and prosper. And, 3dly, That it is, and always has been, under such circumstances, a security against smallpox, and a modifier, when not had recourse to too late, of its virulent action.

I perform the vaccination duty every three months at the Royal Public Dispensary, alternately with my colleague, Dr. Warden; and the observations above made apply to the vaccine vesicle as it presented itself during the months of November, December, and January, the intensity of winter, and at a period when much tempestuous rainy weather prevailed. I have now resumed the same duty, during the month of May, the first month of summer, during which the weather, although chilly, in consequence of the prevalence of north, easterly, and north-easterly winds, has been clear and dry, and as the temperature increases, I feel happy to say that vaccine vesicles have gradually regained their plump appearance, and now give me perfect satisfaction; the virus contained in their cells being abundant, transparent, and fulfilling every purpose required of it. Am I not, therefore, entitled to conclude, that diminished temperature and tempestuous weather diminish the appearances and properties of the vaccine vesicle? and that increased temperature and dry weather again restore it to its perfect state? In other words, that vaccination succeeds much better, and is more effectual as a preventive against smallpox, when performed during summer than during the winter months. I must also state that, within these few weeks, smallpox has almost ceased to exist in the neighborhood of our dispensary, and consequently cannot exert its effects in diminishing the efficacy of the vaccine virus. During the month of April, it may be also proper to mention, Dr. Warden received a large supply of vaccine lymph from the London National Vaccine Establishment, and made use of it. Therefore, the vaccination at present going on may be said to have been propagated from a different source from what was in existence during the months of November, December, and January, to which my remarks apply.

II.

CASE OF IDIOPATHIC PHLEBITIS.

By Paul S. Knight, M.D.

The following case is related in the second number of the North of England Medical and Surgical Journal, by Dr. Knight, of Glossop.

Joseph Harrop, aged 48, is a strong muscular man, but considerably the worse from wear and tear. He served in the Peninsular wars in the Horse Artillery, and was there wounded by musket shot, once on the lower part of the right tibia, and another time the ball penetrated through the inner part of the thigh, passing pretty near the trochanter minor, also on the right side; he also suffered much from exposure at nights, and excessive fatigue, and he supposes that, in consequence, the veins of both legs have become varicose. In November last he was employed as a watchman, and during one very cold night, he suffered much, and shortly after pain and erysipelatous inflammation made its appearance on the inner side of the left leg up the course of the absorbents; and for which he took medical purgatives, and the carbon. sodæ, and applied to the part leeches and a sedative lotion. On the 2nd December, about a fortnight after the first application for relief, the man complained of headach, with a pulse about ninety and sharp, and a countenance expressive of great anxiety; I found the vena saphena inflamed, and to the touch it conveyed the sensation of a cord under the integuments, extending from a little above the inner condyle of the knee, up to the abdominal ring; the integuments of the knee immediately above the vena saphena in a state of very active inflammation, and the vein itself at that part, perceptible to the eye, bulging and large, and somewhat elastic on pressure. As this tumor produced extreme pain, *and as it was quite clear that all circulating communication was cut off*, I resolved to open it freely. A large clot of coagulated blood instantly plugged up the orifice, but was gradually protruded out, and clot after clot succeeded, great ease being the speedy result. Below this spot I was subsequently obliged to open two abscesses that had formed in the vein, and from which healthy pus mixed with coagulated venous blood was discharged; these abscesses healed readily, but repeated local and general bleeding, the latter performed in the erect posture, and continued till fainting was produced, was necessary to subdue the soreness of the part. This had scarcely been accomplished on the 19th Dec. 1829, when the poor fellow directed my attention to the vena saphena of the right thigh; it was inflamed from below the knee up to the abdominal ring, that is, it felt extremely sore, and produced to the touch the same impression that a cord would; a slight blush was visible immediately over the vein—thirty-six ounces of blood were taken from the arm, and two dozen leeches applied along the course of the inflamed vein.—R. Pil. Hydrarg. ℈i. in bol. ii. divide capiat i. nocte maneque.

20th Dec.—Much pain on pressure—pulse hard and full, countenance very anxious, complains of headach, bowels open.

V. S. ad lb. ii. and apply twenty-four more leeches.—R. Subm. Hydrarg. ʒi. Opii. purif. gr. iv. Cons. Ros. q. s. ut. ft. massa in pilulas xxiv. dividend. quarum capiat unam quarta quaque hora.

21st.—Blood taken yesterday much cupped and buff colored. Pulse eighty and sharp—continue the pills. Pulse softer.

22nd.—Mouth affected, pulse soft and free; a hard tumor in the groin, as felt yesterday, is separated into detached and small hard masses; the ptyalism was continued about a fortnight, when all inflammatory action had subsided.

Medico-Chirurgical Review.

III.

CASE OF POISONING BY ARSENIC AND LAUDANUM COMBINED, IN WHICH THE SYMPTOMS USUALLY PRODUCED BY ARSENIC WERE ABSENT.

On the 7th August, about 12 o'clock, Marianne Warwick swallowed three ounces of laudanum, and about two drachms of arsenic, and was seen by Mr. Jennings, who reports the case, soon after four. She had no pain in the stomach, bowels, or head; complained of no burning in the throat, or uneasiness in the abdomen when pressed upon; and she was perfectly collected. She complained, however, of being tired and sleepy, which she ascribed to the effects of an emetic which she had taken two hours before, which had operated violently. Her eyes were blood-shot and heavy, and the pupils contracted. Pulse about 100. The stomach was freely evacuated, the contents being preserved for analysis. The usual medicines to counteract the effects of the laudanum, together with bleeding from the jugular vein, leeches, blisters, and cold affusion, were employed.* The patient was kept constantly walking about; she gradually became more drowsy; at eight o'clock she sunk into a state of coma, and died before nine.

Examination of the body sixteen hours after death.—On removing the dura mater, the parts presented a very turgid appearance, and the large veins which wind between the convolutions of the brain, instead of presenting their ordinary blue tint, were of a dirty treacle color. The pia mater was more than usually loaded with blood.

On opening the cavity of the abdomen, the stomach appeared large, and a few small vessels were evident in one or two places on its surface—but nothing that was calculated to attract attention presented itself. The stomach contained about half a pint of fluid; its mucous coat was generally rather pale, but at the great arch, near the pylorus, there were two patches that presented a red appearance—the one the size of a half-crown, the other about as large as a shilling. There was no ulceration. The mucous membrane of the duodenum presented, throughout, a general light pink appearance. In the jejunum it was highly injected, and presented numerous patches of an intensely red color. The appearances of inflammation were less marked in the ilium, though several patches, acutely inflamed, were observed in it. No ulceration of the small intestines could be detected.

On analysis, the contents of the stomach exhibited a slight trace of arsenic. Sulphuretted hydrogen gas gave the fluid a yellow tinge. The test with the nitrate of silver and ammonia threw down a very slight yellow precipitate. From the fluid contained in the small intestines, a sufficient quantity of precipitate could be collected, to reduce the arsenic to its metallic state. The fluid vomited at half past four, contained so much arsenic, that from one half of it many grains of the precipitates were collected, a large quantity of metallic arsenic reduced, and a very well-marked alloy formed with it and copper.—*Abridged from Medical and Physical Journal.*

The symptoms in this case certainly do not represent the usual train of phenomena observed in cases of poisoning by arsenic; and Mr. Jennings conjectures, that they may have been checked by the presence of opium. This we think very probable;—and if he had examined the contents of the stomach, or what was vomited, and detected the presence of opium in these fluids, and none in the contents of the small intestines, in which there was a large quantity of arsenic, and on which the effects of the poison were evident, we should have believed that the question had at least received all the elucidation of which it was susceptible.

Glasgow Medical Journal.

---

* A most extraordinary combination of remedial agents, certainly, in a case of poisoning by laudanum.—Ed.

IV.

ON A NEW AND SIMPLE MODE OF OPERATION FOR NÆVUS.

By Marshall Hall, M.D.

The danger of hæmorrhagy from the excision—the excessive pain of the ligature—and the extensive scar left by vaccination, as these have been respectively employed for the cure of nævus, induced me to consider whether some less objectionable mode of operation in these cases might be devised.

About nine months ago I was afforded the opportunity of examining a case of this kind, and of superintending the operation, by my valued friend, Mr. Heming, of Kentish Town.

This operation consisted in introducing a *couching needle* with cutting edges, at one point of the circumference of the nævus, close by the adjoining healthy skin; from this point the instrument was made to pass through the tumor in eight or ten different directions, so as to produce slight incisions through its textures, parallel with the skin, but not so as to pierce the tumor in any other part. The first point of puncture was made the *centre* of the several rays of slight incisions effected by merely withdrawing, and again pushing forward the little instrument in the manner and in the various directions, just described.

The nævus was oval, and rather larger than a shilling; the couching needle was introduced at one point, passed as nearly as possible to the opposite edge of the tumor, without piercing it, and then in various directions, until eight or nine punctures, or rather incisions, traversing the texture of the tumor, but not the skin, had been made. A little pressure was then applied over the tumor, by means of strips of adhesive plaster. There was no pain, and of course no hæmorrhagy, and as the skin was only punctured in one point, there could result no scar.

I expected that inflammation would take place, and that a cicatrix would be formed, which from its solid texture and progressive contraction, would obliterate the textures of the tumor.

For some time—for several weeks—little appeared to have been effected. There was little or no change in the appearance of the nævus of any kind. Indeed, it was almost concluded that the plan had failed—that the vitality of the part had been too low to yield the degree of inflammation required for the cure.

What a short time did not effect, however, a longer period accomplished completely. Half a year after the operation the tumor was found to have disappeared, and the color of the skin to be nearly natural: the skin itself was perfectly preserved, and free from any appearance of scar.

To obviate the occurrence of hæmorrhagy, of pain, and of scar, is of sufficient importance, in itself, to attract the attention of surgeons in the treatment of this affection. But, besides this consideration, nævus sometimes occurs in situations, as in the tongue, the eye-lids, &c. not admitting of any other mode of operation. It does not appear that pressure forms any necessary part of the treatment. The cure in the case detailed was gradually effected, long after pressure had ceased to be employed.

Medical Gazette.

V.

For the Boston Med. and Surg. Journal.

REMARKS ON INOCULATION.

There is certainly no subject within the domain of mere theory better deserving of attention, than the process by which inoculation produces specific disease. Nothing is more familiar than the fact, that the virus of smallpox, or vaccinia, when inserted into the cuticle, will reproduce the disease, causing the appearance of a pustule in the one case, and of a vesicle in the other, at the point where the virus was introduced; with this difference in the two cases, that in the former the eruption is more or less general over the surface, and in the latter is limited to the place of the operation itself. Now this is generally explained by saying that the virus is absorbed into the mass of the circulation, and that the disease makes its appearance in consequence of the general effect thus produced on the system. If the local disease disappeared wholly, and the eruption were independent in its situation of the original point of the puncture, this explanation would be more satisfactory than it now is. But why, on the theory of absorption, should the point of the inoculation be also the point at which the disease makes its appearance? That certain diseases do occur from inoculation with poisons, independently of any local inflammation accompanying such disease, we have frequent occasion to observe. Thus in rabies, the saliva is introduced into the cellular subcutaneous tissue, producing a wound of the part; this soon heals, and the virus may then remain dormant for a week, a month, or even a year, before the disease becomes apparent. In this case we readily understand that the virus undergoes an actual absorption, passing into the general circulation, and thus communicating its influence to the entire system. In the other case, we remark a very different order of phenomena. From the moment when the virus is first inserted, or certainly within twenty-four hours, some sign may be discovered of that specific inflammation which is to manifest itself at this point. This appearance increases, and in three or four days the local inflammation becomes perfectly obvious. Still there is no general excitement, no fever, nothing to mark that the general system has been affected. When the inflammation has increased to a certain degree, the axillary glands are affected, and then it is that the symptoms of a more general affection begin to be manifest. Some chill is felt, the appetite is impaired, the thirst increased, the pulse accelerated. In fact, fever is produced at this period, from sympathy of the general system with the local inflammation. As this subsides, the febrile symptoms diminish; and when it disappears, no trace of disease remains.

There are, then, two circumstances in the progress of inoculated vaccinia, at variance with the view commonly taken of its pathologic character. The first is the exceedingly short space of time which intervenes between the inoculation and its local effect. That in the course of twenty-four hours the matter might be taken up by the absorbents, carried into the veins, thence into the general circulation—and that the dyscrasis of the blood, thus produced, might in that period take effect upon a particular part, is indeed possible; and therefore this objection cannot be regarded as insuperable. Still, it is to be remembered, that in the disease just referred to, rabies, which is the most unequivocal instance of general disease produced by inoculation, the period which elapses between the external injury and the appearance of the disease, amounts on an average to six weeks, and is often protracted to three months. The other remarkable circumstance alluded to, is the appearance of the disease at the same point at which the inoculation is applied. This seems wholly unaccountable on the supposition that the disease is produced in the manner alluded to. A general disease of the system, showing itself by an eruption, would either produce that eruption universally, or at least on different parts of the surface ; and the circumstance of a minute wound previously inflicted on a particular part, would certainly not serve to give it a particular direction.

The view which I should be disposed to substitute for the one generally adopted, is simply this. That the virus being inserted in the skin, is very gradually dissolved in and mixed with the fluids of the part ; that by its irritation it produces an increased afflux of blood, and local inflammation, and that this inflammation thus produced assumes by degrees the character and specific properties of that from which the matter itself was taken. Thus the disease, to a certain extent, continues entirely local, until it has proceeded to that extent at which the areola is about being formed. At this period, the surrounding capillaries become affected, are enlarged in their calibres, and admit blood instead of their usual colorless fluid. Hence an inflamed circle is formed around the vesicle, while the subcutaneous tissue becomes tense and hardened. The neighboring glands also participate in the affection ; a result which may take place by direct communication of the fluids of the parts through the lymphatics, or by a nervous influence operating on this susceptible texture. In this way may the axillary swelling be explained ; while the general fever which immediately ensues, may be perfectly accounted for, as above suggested, by considering it as the effect of the irritation produced by the local affection.

To the view thus taken of this process we can imagine but two objections. The first arises from the fact that the inflammation of vaccinia is not always confined to the seat of the puncture, but shows itself occasionally in the production of other vesicles or papulæ in the vicinity. The same is still more true of variolous inoculation, which is almost always followed by several vesicles or pustules independently of that which occurs at the point of inoculation. It is to be remarked, however, that where the eruption of these diseases is not limited to the point in question, it appears to spread from it to the neighboring surface ; and this fact speaks strongly in favor of a local influence somewhat similar to that which produces diseases in the course of the lymphatics ; since if the spread of the disease were the result of the general affection, it might naturally be expected to extend to every part of the surface. That a general eruption is sometimes consequent on vaccinia, we have all occasion to observe ; but the late period at which this takes place, and the rarity of its occurrence, equally forbid any inference from it in regard to the present question.

A second objection which may be made to the local character of vaccinia, arises from the common notion that it is the general affection which constitutes the subsequent immunity from smallpox. Why an affection, whether more or less general, should protect the system from another disease, is sufficiently difficult to explain; and this difficulty is not materially influenced by the nature of the theory we adopt on this point. In the mildest forms of the vaccine disease, the general system is scarcely at all affected; yet the immunity afforded from variola is equally perfect as in the severest cases. The same remark is made by authors concerning inoculated smallpox; and whether in ordinary cases the affection proceeds from the centre to the surface, or the reverse, is not, so far as we can judge from analogy, a circumstance necessarily connected with its ultimate effect on the system.

MEDICAL JOURNAL.

BOSTON, OCTOBER 11, 1831.

CHOLERA.

The Samos, which recently arrived at this port from Cronstadt, is still below for the purpose of unlading that part of her cargo which is required, by the wise and wholesome regulations of our city council, to be taken out for purification, before coming up to the wharf. We understand that the officers of this vessel represent the cholera as having in a great degree abated at Cronstadt.— The Russian Government has abolished all quarantine, for the alleged reason, "that the whole empire being infected, nothing remains to be gained by the restrictions which were in other respects inconvenient and imperfectly fulfilled." It should be observed, however, that with that prudence and personal self-respect which so well becomes an imperial lawgiver, a double sanitary cordon is, notwithstanding, kept up round the court at Peterhoft.

SKETCHES OF THE HISTORY OF MEDICINE.

1. *Among the Egyptians.*—The earliest records of the history of the world bring with them sufficient proof that the attention of mankind had been directed to the knowledge and cure of bodily disease. With the Egyptians, therefore, the oldest nation of which we have historical records, commence also the annals of our science.

It is natural for the human mind, when suffering from infirmity, to seek relief in the operation of superhuman powers. Accordingly, in the earliest times, diseases appear to have been referred to the anger of the gods; and from them, through their reputed agents, the priests, was a cure sought for. Hence those to whom the sacerdotal office was entrusted, became also the depositaries of medical science, and the source of medical authority. Of these priests there were several orders, different in rank; and a similar distinction was observed in their medical character. The priests of high rank practised the higher medicine, which consisted chiefly of magical ceremonies and expiatory sacrifices; while ordinary practice constituted the department of a lower order, who, from being bearers of vessels, were termed by the Greeks pastophoroi, a term, however, not at all expressive of their medical character.

With respect to the amount of knowledge possessed by the ancient Egyptians, it is not easy, from the limited number of facts which have come down to us, to determine this point with precision. Among the articles of their materia medica, the squill possessed a high reputation, and was frequently employed in cases of dropsy.

The most celebrated of the arts with which they were acquainted, is that of embalming dead bodies. The general manner of performing this process is sufficiently familiar; but the following details, preserved by Herodotus, may not be uninteresting.

"As soon as an individual died, the embalmers called on the friends and showed them several models of painted wood, shaped like mummies. The first kind were of exquisite workmanship, and bore a name which it is not permitted to utter: the second were less curious and rich, and the third still plainer. The friends chose such a pattern as suited them, and agreed for the price. The embalmment, which probably varied somewhat, according to the external appearance of the coffin, was executed in the following manner. The brain was drawn out through the nose, with the aid of an iron hook, and the skull was filled with aromata and spices. The abdomen was then opened with a sharp Ethiopian stone; the intestines were drawn out, the cavity cleansed, and washed with palm wine; and spices, reduced to powder, were introduced. They then filled it with myrrh, cassia, and other fragrant herbs, and sewed up the integuments. The body was then washed with a solution of fixed alkali, and left for seventy days, but not longer. At the end of this time, it was washed anew, smeared throughout with a kind of gum used by the Egyptians as glue, and enveloped in a cloth. The friends then received it, enclosed it in a coffin, having the same form, and deposited it in the catacombs.

Those who were less rich, contented themselves with injecting the abdomen with gum or resin, by means of a tube, without opening it. The body was then pickled for seventy days, the resin drawn out along with the intestines, and there remained only the skin and the bones.

The third sort of embalmment, reserved for the poor, consisted in washing the body and macerating it seventy days in an alkaline solution." —[Herod. II. 85, 86.]

We are by no means authorized to infer, that this custom of preserving the dead contributed at all to an acquaintance with anatomy. To refute this error, which has been adopted by some writers, it is sufficient to mention the curious fact, reported by Diodorus, that the paraschista, who made the incision, was obliged to flee for his life, among the execrations and blows of the bystanders, who regarded the act as a kind of sacrilege.

There are other curious proofs of their ignorance of the simplest principles of anatomy and physiology. They believed that the heart increased two drachms every year, till the age of fifty, and then diminished at the same rate; which was the mode in which they accounted for natural death. They fancied that the little finger was connected with the heart by means of a certain nerve, or tendon; and it was for this reason that they dipped this particular finger into the liquor of their libations. Errors gross as these could only have existed, while the structure of the human body was utterly unknown.

It is certain, however, that the ancient Egyptians practised some processes in the arts which imply considerable acquaintance with practical chemistry. Among these may be mentioned that of coloring metals, which they carried to a great degree of perfection. It appears from Bergman, that they knew how to tinge silver with a blue color, and to manufacture emeralds of prodigious size. This author also adopts, from Galen, the account, that they understood the art of preparing plasters from white lead and vert de gris. But these processes probably belong to a more modern period.

Such are the scanty annals of medical science in Egypt, previous to the sixth century preceding the Christian era. Medicine, entirely confined to the hands of the priests, who mingled it with the rites of a degraded superstition, could not, from the nature of things, make any sensible progress. The exclusive domain of certain families, it descended from one generation to another, secured from innovation alike by a respect to authority, and by the total want of encouragement or reward for any effort to improve it.

TUBE FOR EXPLORING DEEP WOUNDS, ETC.

An English surgeon has called the attention of the profession, through a medical journal, to a new and easy method of inspecting deep-seated parts, which cannot otherwise be brought into view. The inventor has proved its usefulness by his own experience, and recommends it in the examination of deep wounds, as well as the vagina, the os uteri and the rectum.

The instrument alluded to is simply a glass tube, open at both ends, inclining to a conical shape, the larger end spreading out, or bell-shaped, while the smaller one is rounded off very smooth, and approaches the semi-globular form. The opening at the smaller end must be as large as it can conveniently be made, and with perfectly smooth rounded edges—the whole tube of sufficient strength to obviate any hazard of breaking; and of different sizes, so as to be adapted to the various purposes to which they may be applied. The above description will enable any of the flint glass manufacturers to supply the tubes.

The rounded form of the smaller end renders its introduction perfectly easy; and if the patient is so placed that the light passes down the tube, whatever part presents at the opening may be inspected in a satisfactory manner, cleaning it if necessary with a piece of sponge fixed on the end of a probe. When used in examining the vagina, &c. or in making exploratio obstetrica, female delicacy may be spared by passing the tube through an opening in the linen.

New mode of giving Calomel in the treatment of Syphilis.—A butcher, 28 years of age, contracted syphilis in the course of the last year; and applying for relief to certain practitioners, who disgrace humanity by their vile charlatanism, obtained from them a large quantity of corrosive sublimate, disguised by the admixture of other drugs. The sores got well, or disappeared rather, under this treatment. But, some months after, the man suffered extremely from headach of the most excruciating intensity, of which emetics and bleeding procured him some alleviation. An eruption on the face now made its appearance, chiefly affecting the eyelids and the nose, and this brought him into the hôpital St. Louis. Here, as he showed symptoms of *gastro-enterite*, he was kept on slops, and such a regulated diet as seemed to check the progress of his disorder for a considerable time: all of a sudden, however, tubercles covered a great portion of his skin. He was ordered the *aqueous extract of opium*, with no success; then other methods, without amelioration. M. Biett now thought he should try a new mode of treatment, which suggested itself to him. This was to give the patient day after day an errhine, composed of a certain quantity of calomel, combined with an inert powder. In this way the man took successively, *eight*, *twelve*, *fifteen*, *twenty grains*, daily ; and before a month was well elapsed, found his tubercles gone, his ulcerations cicatrized, and his general health so much improved that he was able to leave the hospital. He came in again subsequently for an inflammation of the synovial capsule of the knee, which was got down by cupping, leeching, and emollient applications. Some new pustules of his old complaint being observed, he was put on calomel once more, given in the manner just mentioned ; and the consequence has been so satisfactory, that there seems to be no likelihood whatever of a return of the disorder.

M. Biett has employed calomel in powder in several other cases of secondary syphilis, and always with the most satisfactory results. Besides giving it in the form of an errhine, he applies it externally sometimes to venereal ulcers, and his success is truly remarkable.

Gazette des Hopitaux.

Abundant and wholesome Nutriment from Bones.—M. Darcet continues his ingenious researches on this subject. At a meeting of the Académie des Sciences last month, he read a memoir, of which the following are some of the particulars. The fifteen parts of bone commonly contained in one hundred parts of butcher's meat, will yield six of a pure and substantial alimentary substance ; consequently the hundred parts of butcher's meat, which have hitherto produced no more than about twenty-four parts of aliment, will now produce thirty, if the gelatine and fatty substance of the bones be made use of: thus increasing the available portion of animals' flesh by one-fourth, or making four oxen go as far as five. The learned academician then stated some of the results arrived at by the Committee of the Faculté de Medecine, who have distributed during the space of three months the broth of bones (or as it is called, the *bouillon à la gelatine*), to forty patients and attendants of the Clinique Interne, and thereupon make the following report :—1. That the employment of gelatine not only introduces into dietetics a great improvement, but an economy that should not be neglected ; 2. That the broth of bones is as agreeable as that which is usually employed in the hospitals ; and 3. That it is not only nourishing and easy of digestion, but wholesome and by no means productive of any bad effect in the animal economy.

The Hôpital Saint Louis possesses an apparatus capable of producing 900 rations of this broth each day ; and the apparatus has been in operation during the last twenty months, so that the hospital has thus been supplied with 550,800 rations of the *bouillon à la gelatine*, attested by the physicians of the establishment to be excellent, and promising the most easy and advantageous means of subsistence for the poor. The Hotel Dieu, also, has an apparatus of the same nature, in use these fifteen months: it has furnished 443,650 rations of the bouillon; and six reports from the establishment, addressed to the Administration of Hospitals, fully bear testimony to the advantage of making use of the gelatine, which may be so abundantly procured from bones.

Bread from Sawdust.—Dr. Prout, in his learned paper on the ultimate composition of elementary substances, in the Philosophical Transactions, gives a short account of M. Autenreith of Tubingen's experiments on the conversion of lignin into food. M. Autenreith takes a piece of wood, and by frequent maceration and boiling, separates from it everything which is soluble in water. The wood thus purified is then reduced to sawdust, repeatedly subjected to the heat of an oven, and finally ground into flour. It requires leaven in the baking, with the addition of which, it makes a uniform spongy bread. The color is rather yellowish; but when well baked and crusty, it is not only very nutritious, but much superior in every respect to the brown bread made of the bran and husks of corn-flour.

[This is a discovery, as Mr. Herschel remarks,* which renders famine next to *impossible;* and deserves a far higher degree of celebrity than it has obtained.]

M. Recamier's Remedy in Puerperal Peritonitis.

Solution of gum arabic, eight ounces.
Syrup of white poppies, one ounce.
Subcarbonate of potash, one drachm.

To be taken by spoonsful every two hours, in an infusion of marsh mallows.

M. Herisson's Remedy in Chronic Gastro-enterite.

Alcoholic tincture of black hyoscyamus, one drachm.
Tincture of guaiacum, two drachms.

Thirty drops of the mixture to be taken, morning and evening, in pure water.

A Remedy in Dysentery.

Acetate of lead, four grains.
Distilled water, two ounces.
Opium (Thebaic extract) two to four grains.

To be taken in spoonsful every two hours. This is a remedy which was very successfully employed at Lyons in an epidemic dysentery, in which antiphlogistics and other means had failed.

Gazette des Hopitaux.

Sulphate of Quinine in Strumous Ophthalmia.—Mr. Mackenzie, of the Glasgow Eye Infirmary, recommends the use of this salt, in cases of inflammation of the eyes which are decidedly of a strumous character:—not only in phlyctenular ophthalmia, but also in corneitis, an ophthalmia with which a degree of iritis is generally conjoined.

Poison in Cabbage.—The family of Mrs Dingee, of Philadelphia, were severely attacked a few weeks ago, in consequence of eating a boiled cabbage. We understand that Mr. Fenner, a member, died on Sunday morning, and Mrs. Dingee died yesterday morning; three members of the family lay very ill, but have since recovered.

It is thought that the cabbage contained a poisonous worm, of a kind that has frequently been found in the cabbage plant. A dog and a cat that ate from the dish in which some of the cabbage was placed, took sick.

---

* See his Discourse on the Study of Natural Philosophy, page 65.

Gas Lights from Water.—An English paper informs us that a highly interesting discovery is about to come before the public, resulting from the experiments of Professor Donovan, and Mr. Lowe, of Brick-lane Gas works. Letters patent have been obtained for the invention; the subject is very much talked of, and the question generally asked is, how is the gas made? At present no satisfactory information respecting the process can be given; but we understand the hydrogen gas, obtained by the decomposition of water, is charged with an illuminating principle by passing through some liquid procured during the distillation of pit coal, in the ordinary process of gas making. The requisite apparatus is much more simple than that used at present. The new gas is very superior in illuminating power, and may be obtained at a much lower price. If such be the nature of the process, and if no serious difficulty arise when tried on a large scale, it is evident the invention will be considered almost invaluble.

New Mode of Economy.—An invalid in Paris is said to have recently recovered his health by riding daily at the funerals of his fellow citizens. The number of funerals which go out of the city every day, and at which the carriages are furnished by the relatives of the deceased, renders this account not improbable.

The Smallpox—has made its appearance in Winslow, Me. One lady lies dangerously ill, having taken it by washing the clothes of her husband, who had recently returned from Quebec.

M. Chabert, the celebrated fire-eater, is said to have arrived at N. Y.

Whole number of deaths in Boston during the fortnight ending Sept. 30, 52. Males, 34—Females, 18. Stillborn, 1.

Of dysentery, 4—canker, 3—hooping cough, 1—typhous fever, 1—consumption, 7—hip complaint, 1—dropsy on the brain, 3—scarlet fever, 3—bilious fever, 1—accidental, 2—inflammation on the lungs, 1—dropsy, 1—old age, 2—infantile, 2—cholera infantum, 1—mortification, 2—unknown, 4—stoppage in the bowels, 1—scald, 1—fever, 1—brain fever, 1—croup, 3—measles, 1—intemperance, 1.

ADVERTISEMENTS.

EUROPEAN LEECHES.

JARVIS & PEIRSON, have just received a prime lot of large European Leeches. They were selected at Gottenburg, with great care, by a person well acquainted with the business,—and will be applied, without additional expense, in any part of the city.
188 Washington Street. Oct. 11.

FRESH MEDICINES AND LEECHES.

CHARLES WHITE, No. 269 Washington, corner of Winter Street, has received, by the late arrivals from Europe, a fresh supply of Medicines and Leeches. 3t Oct. 11.

PRIZE ESSAY.

Just received, by CARTER & HENDEE, An Essay upon the Nature and Sources of the Malaria or Noxious Miasma, from which originate the family of diseases usually known by the denomination of Bilious Diseases; together with the best means of preventing the formation of Malaria, removing the Sources, and obviating their Effects on the Human Constitution when the cause cannot be removed. By Charles Caldwell, M.D., Professor of the Institutes of Medicine and Clinical Practice in Transylvania University. Oct. 1.

THE BOSTON MEDICAL AND SURGICAL JOURNAL
IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

Vol. V.] TUESDAY, OCTOBER 18, 1831. [No. 10.

I.

SEVERAL CASES OF SPINAL IRRITATION.

By David Wark, Surgeon, Dunlop.

The subject of spinal irritation has of late attracted considerable attention, but so far as I have had an opportunity of judging of the opinions of practitioners, and from the paucity of writings on the subject, its occurrence would appear to be considered by the greater part of the profession as but rare, and the violence of its symptoms by no means extreme. During the short term of little more than four years' practice, I have been led to a very different conclusion; with me it has occurred very often, and more than once with a violence to threaten dissolution. I am fully satisfied that were patients subjected to the proper mode of examination, there would be no lack of cases of spinal irritation. The disease being seated in one part, and the symptoms appearing in another, is probably the reason why it is so often overlooked, and of course maltreated. I am well aware that in the following cases there is nothing but what has been ably illustrated by Dr. Thomas Brown, and also by other writers. So impressed am I, however, with the importance of the subject, that were the perusal of them to arouse the attention of a single individual to this class of complaints, I would account them not written in vain. I propose merely to select a considerable list of cases, all of which occurred in females excepting the first.

Case I.—3d April, 1826. J. H. Weaver, aged 49, of shattered constitution. Complains of dull pain at breast, with incessant cough, almost preventing sleep, copious muco-purulent expectoration, dyspnœa, palpitation of heart, headach, and profuse nocturnal sweats; pulse 95, bowels confined. Has been ill four months, and treated with blisters to the breast, and cough mixtures, without benefit. Dorsal vertebræ, about 6th, 7th, and 8th, are painful on pressure; pain stretching forward to breast, so acutely as to cause him to cry out. He had his bowels freely opened with purgative medicine, was confined to the horizontal position, and a blister was applied over pained part.

8th April. Blister, after several applications, discharges freely, but has produced a good deal of febrile excitement, which is subsiding.

12th. Blistered surfaces healed, and all the symptoms mitigated; pain in spine confined to one spot. The blister repeated and kept open about eight days, restored him to his usual good health.

This patient had been given up for consumption, and certainly he bore some marks of phthisis. It appeared, however, to be merely chronic bronchitis, combined with spinal irritation.

Case II.—22d June, 1828. H. B. aged 21, a woman of stout habit, has been subject to cough for several years; for eight or nine months has complained of pain in right side of chest, nearly constant, increased on inspiration, and coughing; weight and oppression at breast, difficulty of breathing, dry convulsive cough, occasional headach, and dulness of spirits. Pulse 90, full, tongue moist, bowels natural, catamenia regular. Was bled to 12 ounces, and had a small blister applied to the breast with very little relief.

3d July. Symptoms worse. The 3d, 4th, and 5th dorsal vertebræ are tender on pressure, particularly on right side, pain stretching acutely forward along the course of the intercostal nerves, to pained part inside of chest, causing dreadful convulsive coughing.

The horizontal position was strictly enjoined, and 12 leeches ordered to pained part of spine, which gave immediate relief; this was followed by a small blister, kept open for a few days.

10th July. Expresses herself greatly relieved, cough and other symptoms nearly gone—and three leeches more completed the cure. About a year and a half afterwards, this girl being attacked with small-pox, the same symptoms recurred, but subsided with the fever.

Case III.—5th June, 1829. Mrs. A. aged 33, mother of six children, of delicate constitution, complains of intense pain of right side of head, which appears a little swollen, dry cough, pain and oppression at breast, little increased on deep inspiration; respiration hurried and laborious, pain and numbness about shoulders, stretching down arms, palpitation of heart, great debility, is fatigued on the slightest exertion, or even speaking, pulse 112, weak and irritable, bowels costive. Upper dorsal and lower cervical vertebræ are painful on pressure, most severe about 3d and 4th dorsal; pressure aggravating symptoms. Had a child about three months ago, and did not recover well; three weeks afterwards was affected with violent pain at breast, for which she was three times bled, and as often blistered, with but partial relief. Has consulted three medical men, who uniformly recommended blistering the breast. Is much reduced in body, and considered by herself and friends to be consumptive. Three days previous to seeing her, she had come fifty miles by land and water for the benefit of sea air, and had caught a cold on her passage, to which she attributes the aggravation of her complaints. Day before this, had of her own accord applied 12 leeches to side of head without benefit. She had two blue pills at bedtime, followed in the morning by a full dose of salts and senna, which procured copious evacuations with abatement of headach and febrile symptoms. Was ordered 12 leeches to upper part of dorsal vertebræ, to be followed by a blister. As she lived a considerable distance from me, it was ten days before I again saw her. She was now so much better, that she was able to walk about, without fatigue; appetite and strength improving every day. Is still suckling her child; says she has not enjoyed such health since delivery, and describes her feelings after leeching as if something were awanting about her breast; blistered surface has discharged well, but is now healed. Pain in spine confined to between 3d and 4th dorsal vertebræ, and much easier. Nine leeches and a small blister about the size of a crown-piece, kept open about eight days, removed her whole train of symptoms. I saw her about four months afterwards with slight return of same complaint, which was easily cured by the same treatment. In this case the horizontal position was only enjoined a few days at first. In some cases the horizontal position is a *sine qua non* in the treatment; in others it is by no means essential.

Case IV.—28th August, 1829. I was called to Miss B. aged 20, of delicate habit, who said that she was ashamed to see me, as she could not tell what she had to complain of, only she felt weak, and her appetite was gone. Pulse 80, feeble, tongue moist, bowels natural, catamenia regular; stoops much, body reduced to a skeleton, so dull in spirits that she can scarcely be roused to the least exertion. On strict interrogation, admits having a slight feeling of weakness or weariness at breast. Upper dorsal vertebræ are tender on pressure, most about the fourth on left side; right quite free from pain, pressure aggravating symptoms at breast. About six weeks ago, after assisting the maids a short time at washing, her hands and forearms became covered with a florid eruption, which soon disappeared, and was succeeded by a slight cough and uneasiness about chest, which have since gradually worn away. Was treated with a solution of tart. antim., bark, and other tonics, but without effect. Six leeches were ordered to pained part of spine, which produced immediate relief. She was now sensible she had been laboring under more oppression at breast than she had been aware of. A small blister produced such constitutional derangement, and aggravated the symptoms so much, that I did not think of reapplying it. A few leeches were applied every second day for a while, making in all 31, which along with the horizontal position, greater part of the day, effected complete recovery. During the application of the leeches she uniformly felt herself getting better, symptoms returning a little before next application, which gradually wore off towards the end. In less than four weeks her health and strength were completely restored.

Case V.—M. C. aged 23. In summer, 1826, I attended this girl in fever. She was advanced in the disease, and had been neglected before I saw her; was treated with local bleeding, blistering, emetics, purgatives, &c. as symptoms indicated. Her recovery was slow, and accompanied with a host of nervous and hysterical symptoms, which have continued more or less ever since. About two years ago the abdomen getting enormously distended, and communicating a doughy feel to the fingers, there was little reason to doubt that her bowels were loaded with feculent matter. A course of purgative medicine was ordered, which brought away a prodigious quantity of dark pitchy-looking fæces, mixed with mucus and slimy matter. The belly, however, continued nearly of the same size, but a little softer; the stools were less in quantity, but much the same in appearance. Her strength getting exhausted, and her faith having failed her, I was obliged to abandon the practice. About six months after this she complained of pain in right hypochondriac region, aggravated on pressure, with frequent attacks of bilious vomiting; upon questioning her she admitted having pain about shoulders, particularly on right side. Several medical gentlemen saw her, and she was more than once blistered over the region of the liver, and salivated with mercury, to no purpose.

On the 18th Dec. 1829, I was again called to see her. She had been getting worse for some months, and is now confined to bed. Complains of pain and giddiness of head, pain and numbness about shoulders and arms, particularly right arm, dull pain over region of liver and abdomen, most acute about caput coli, occasionally stretching down thighs. Is much harassed with vomiting of acrid bile, eyes weak, speech has been hesitating for some months, is worse of late, stops often in the middle of words, abdomen reduced to natural size and feel, bowels open. Pulse 80, weak, menses have made their appearance all along, but a little irregularly. Says she is pretty easy while lying in the horizontal position, but all her symptoms are aggravated on getting up; gets so faintish in the erect position, that she is soon obliged to lie down. These symptoms led me to suspect the spine to be in fault. It was accordingly examined, and found tender throughout its whole extent; but particularly the cervical, lower dorsal, and middle of lumbar vertebræ. Pressure or the application of a sponge dipped in hot water, on the lumbar vertebræ, gave pain, aggravating pain in abdomen, and particularly at caput coli, pain shooting down thighs along the course of crural nerves. On pressing the inferior dorsal, pain stretches forward to right hypochondriac region, which she describes as distinctly the pain she has so long felt there; pressure on the inferior cervical produced a feeling of pain and numbness about shoulders, stretching down right arm, which has not had proper feeling for some months. But the most remarkable symptom of all, is in the upper cervical; slight pressure there increases the shooting pains over the head, and causes a feeling of constriction about the throat, increasing the impediment in speech, and causing difficulty of respiration. When the pressure is increased the pain becomes intolerable, the function of voice ceases, and the respiration is as completely stopped as if she were suspended by a rope round the neck. Whatever part of the spine was pressed on, pain was felt shooting along the course of the nerves, but most severe on the right side. The upper cervical and inferior dorsal were the two points most severely affected, and from which I judged it not unlikely the pain might spread along the spine: these I resolved first to attack. Six leeches were applied to upper cervical, and same number to lower dorsal vertebræ. These were repeated with relief, and two small blisters were afterwards applied. In five days, when I again visited her, I found that the leeches had bled very freely and had produced considerable debility, her face was pale and blanched, and she could with difficulty turn in bed. The blistered surfaces discharged for about a fortnight. It was a month before she gathered much strength; these symptoms, however, were mitigated and she spoke more freely. By the beginning of April she was able to be out of bed the greater part of the day, spoke without hesitation, and was nearly free from former symptoms, but dorsal vertebræ, between 9th and

10th, were still a little tender. By the middle of June she could take exercise out of doors, had a good appetite ; and the spine was sound except between 9th and 10 dorsal vertebræ, where there still was tenderness on pressure, shooting through to right side, in which she still felt some uneasiness. Considered herself in better health than at any time since attack of fever.

The horizontal position may have been a good adjunct here, but that it was essential to the cure does not appear, as she was obliged to keep it most of the time for near six weeks before the treatment commenced, notwithstanding which she became every day worse. That the origin of the nervous system was in fault since fever, I doubt not, and that timely detection and timely treatment might have saved her from nearly four years' suffering and misery, and preserved her constitution from a shock from which it can never fairly rally, I as little doubt. The pain in side and shoulders, and vomiting of acrid bile, were certainly symptoms of inflammation of the liver, but it is plain it was merely suffering in function, from disease of its nerves, as the heart and stomach are often known to do from the same cause.

Case VI.—A few weeks ago I was called to see a young woman 21 years of age, whose prominent symptom was vomiting of everything she took. She had pain in right hypochondriac region, increased on pressure, and pains about shoulders, shooting down right arm, which she describes as stitches. Had a child in the 16th year of her age, from which she dates the commencement of pain in side ; pain in shoulders more recent, dyspepsia of some years' standing, but vomiting has only been distressing of late. Has been often bled and blistered for pain in side (supposed to be hepatitis,) and sometimes with partial relief. Had consulted a medical practitioner a few days ago, who ordered a large blister to be applied over region of liver. Ninth and 10th dorsal, and 4th, 5th, and 6th cervical vertebræ, are painful on pressure, the pain stretching to pained part in side and shoulders. Nine leeches were immediately applied to 9th and 10th dorsal vertebræ, and in a few days same number to inferior cervical. Eight days after this, she came a distance of about four miles, to show me how much improved she was. Vomiting gone, pain in shoulders and side much better, lies in bed most easily on right side, which she has not been able to do since she had the child ; pained parts in spine still a little tender. Leeches ordered to be reapplied. I saw her about a week ago, stout in body and looking well. Says that she enjoys excellent health, to which she has been a stranger for more than five years. The horizontal position was not observed in this case.

I have only met with one case of this kind, which defied remedial measures ; the prominent symptom was tickling cough ; time, however, effected the cure. Several cases have been relieved, although they could not be said to be cured. This disease sometimes accompanies consumption, yet in one case I had strong reasons to believe that it roused up fatal tubercular phthisis.

That this class of complaints is seldom seen, except in the debilitated walks of life, appears to be unfounded. Anything here, in place of a town, scarcely deserves the name of a village. My practice is entirely in the country, in a place, too, famous for the salubrity of its air, and the healthiness of its inhabitants; yet in such a place spinal irritation holds no inconsiderable rank in the catalogue of human calamities.

As a stimulus to the younger candidate for medical eminence, I may be allowed to mention, that in the diagnosis and treatment of no other disease have I gained so much credit and confidence in families. I have cured several who have long been considered to be falling victims to consumption, the gaunt and unrelenting destroyer of mankind. Restored to the arms of their families and friends from a long period of hopeless sufferings, they often know not in what terms to express their gratitude.

Glasgow Medical Journal.

II.

A CASE OF BRONCHOCELE, CURED BY THE SETON.

By John Windsor, F.L.S., Surgeon to the Manchester Eye Institution, &c.

Bronchocele, when small, is not attended with much annoyance; but as it attains a larger size it becomes a deformity, particularly in the female neck; it often produces inconvenience by its pressure on the surrounding parts, especially the Trachea and Œsophogus, and instances are recorded of its proving fatal. In the catalogue of J. Brookes's valuable and extensive Museum, there are two or three specimens mentioned of this disease, which are said to have been productive of fatal consequences. The subject of the following case, was on some occasions in imminent danger of this catastrophe.

The tumor appears to be by no means uniform in composition, but, in different cases, to consist of a variety of textures. I have seen the gland as it were simply enlarged or hypertrophied, its two lobes and their conjoining isthmus being increased equally in size, and when opened displaying a pellucid granular structure, with a few small vessels ramifying through it. In some of these instances it has formed a large mass closely investing the Trachea and Larynx, and throwing backwards and outwards the common carotids, to the tying of which, it would have proved a considerable obstacle. I have seen it also assume a cellular structure; the cells being filled with a tenacious viscid fluid of a light or pale color. In the following case, the tumor seemed to be produced chiefly by an accumulation of a dark brown fluid, which flowed out abundantly when the structure was opened.

It becomes an interesting object to adopt some other more efficacious treatment, when the complaint is not only productive of great deformity, but of serious disturbance of the health. I flatter myself that the following case will satisfactorily corroborate the power of the Seton, a remedy not quite new,* but hitherto apparently little used in these difficult circumstances. It appears to be a mode of treatment much simpler and safer than either tying the supplying vessels, or extirpating the tumor, and I hope will, on further trial, be found not less efficacious in removing the disease. In the following case, the right lobe of the gland was much the most enlarged, aud was operated on the first; when the enlargement of this was removed, the other was afterwards successfully attacked by the same remedy, after an ineffectual trial of iodine had been continued for some time. The operation by seton is easily performed, and attended with little pain, and there was no hæmorrhage in this case that would lead me to apprehend anything unpleasant from it in others; but other cases may certainly differ in this respect. In the first operation on the enlarged lobe, there was scarcely any, and in the second, on the smaller lobe, there was afterwards for a short time, some bloody but chiefly venous oozing, which did not subsequently return, and was probably rather useful than injurious. The length of time during which the seton should remain, will be regulated by the circumstances of the case. In this case it was thought proper to keep up the suppurative process till the bulk of the tumor was gone, and to expedite this, a second tape was passed, after some time, diagonally across the first, with good effect. When the tumor was nearly removed, the seton was withdrawn, and the diminution proceeded till only a small hard nucleus, about the size of a filbert, was left, productive of no deformity or inconvenience. A single seton used for a short time only, afterwards sufficed for the left less enlarged lobe. The case was seen during the treatment by my brother James Windsor, surgeon, of Liverpool, and by Dr. Kay, and frequently by my assistants.

---

* See Medico-Chirurg. Trans. Vol. 10, page 16.

1829, 1st Mo. January 29th.—Was desired to visit Bramhall, aged 21, affected with a large Bronchocele, chiefly occupying the right lobe of the gland, the left lobe being also slightly enlarged. The right lobe was very prominent, and measured 14 inches in circumference, 7½ inches from the right side to the left, and 5½ inches from the upper to the lower surface.

The respirations were 20 in a minute, and appeared very laborious, being of a wheezing or croaking kind, especially if she underwent any exertion, as in walking up and down stairs. Pulse 72. Tongue moderately clean. Bowels rather confined. Catamenia regular. General health tolerable.

The swelling commenced when she was about 12 years of age; and, notwithstanding the use of various means to restrain it, by a practitioner lately deceased, it had gradually attained the magnitude described.

Purgative medicine was ordered; and the tincture of Iodine was prescribed to be taken in doses of fifteen to twenty drops, twice a day. A blister was applied over the tumor, which was afterwards dressed with an ointment of the hydriodate of potash, in which a drachm of the salt was united to each ounce of adeps.

6th Mo. 2d.—The tumor having remained nearly stationary for the last three months, though the iodine has been used perseveringly and regularly, both internally and externally, and though it does not occasion at present more inconvenience or disturbance of her general health, than have been experienced of late, yet she has been desirous of something if possible more effective being tried. I therefore passed through it to-day, by means of a long needle and some narrow thick tape, besmeared with cerat resinæ, a seton obliquely from left to right, and from below upwards. A quantity, perhaps two or three ounces at least, of a thin darkish fluid resembling much the tincture of iodine in appearance, but insipid and of a rather fetid odor, issued, accompanied with little if any blood. She suffered scarcely any pain from the operation, but from her fear of it the carotids pulsated violently, and she experienced a severe headach during the night, and during some part of the following day, when the tumor by measurement was reduced about half an inch in each direction.

4th.—Has had but little pain in the tumor, since the introduction of the seton : there has been a discharge from it of the same reddish brown fluid, especially at the time of dressing it, and moving the tape. The tumor is soft, and the integument over it exhibits only a very faint blush. Pulse natural. Bowels regular. Tongue pretty clean. Appetite moderate.

10th.—Since last report has been very well. Pulse pretty natural. Tongue clean. Bowels regular. Tumor not painful, but sore on pressure : it discharges still freely, by the lower orifice, a reddish brown liquid. By measurement to-day the tumor was in circumference 12 inches, from side to side six inches, and from the upper to the lower portion, four inches.

15th.—The part is dressed daily ; the discharge from it for the last few days has become more of a thick reddish pus, than the thin brown red fluid it was before. On some days it is very little ; to-day, by moderate pressure, two or three ounces of very fetid pus issued, showing that the tumor, which is now very tender, is undergoing a suppurative process. General health tolerable.

21st.—On the 19th, and again to-day, but not on the intervening day, a considerable quantity, two or three ounces each time, of fetid and reddish pus, mixed with bloody coagula, came out ; a hard nucleus about the size of a walnut can be felt on the right side ; the rest of the tumor is very soft, especially after each time of expressing the matter. Pulse rather quiet, about 100. Appetite indifferent, but feels in other respects tolerably well.

26th.—About four ounces of reddish yellow, and not so fetid pus, issued from the tumor to-day, with a few solid coagula.

7th Mo. 7th.—Little discharge since last report till to-day, and now less than before. The tumor increases a little between the times of discharge, but is on the whole contracting. Her pulse rather quick, but she walks out and feels tolerably well.

Tumor now 8½ inches in circumference, 4½ from side to side, and 3¾ from above to below.

30th.—Tumor rather diminishing. It has discharged more the last few days. Her general health tolerable.

8th Mo. 16th.—In order to expedite the cure, a week since another tape was passed through the tumor. It has been very sore since that time, and there is a moderate purulent discharge from it. Its bulk has not diminished much lately. Her general health rather delicate, but does not complain much, except occasionally of pain of her head and of the back of the neck.

9th Mo. 10th.—Tumor is very small now. Her general health tolerable.

12th Mo. 15th.—Each lobe of thyroid is now about the size of a walnut, but that on the right side (where seton has been used) is much harder, though now a little less than that on the left.

1830—4th Mo. 27th.—The tumor of right lobe being reduced to a very small hard nucleus, the seton was withdrawn about a month since. From that time the tumor of the left lobe has been diligently rubbed with an iodine liniment; but no reduction of it having been obtained, a seton has been passed through it also.

A quantity of dark-colored fluid, similar to what came from the other lobe, flowed out, immediately reducing the tumor, which was about the size of a hen's egg or rather larger, and some, but not much bleeding followed.

5th Mo. 7th.—In two or three days after passing the seton, during which time a bloody oozing continued, the swelling attended with soreness and redness returned, and it is at present of about its former size, but more solid, with some pain and stiffness about the back of the head and neck: but little constitutional excitement.

7th Mo. 1st.—The tumor being nearly gone, the seton was withdrawn.

A small nucleus, about the size of a walnut, remains on the left side, and one about the size of a hazel nut only, on the right side. Scarcely any prominence of the neck appears, and no inconvenience is experienced.

8th Mo. 12th.—Continues well, no prominence of the neck apparent, and on examination a very small indurated nucleus only can be felt.

London Med. and Surg. Jour.

III.

REMARKS ON PUERPERAL FEVER.*

By Charles Severn, M.D.

An idea is prevalent among medical practitioners, that the only difference between the acute and subacute disease, or the typhoid and the inflammatory, is, that one occurs in women, whose constitutional powers are greater, whose circulation is more active and energetic, and who are of a more inflammatory diathesis, than those who labor under the typhoid form; that they are not two diseases, but identically the same, modified only by the constitution of the patient, by her age, her previous modes of living, and all those causes which may render the circulation more or less vigorous and energetic. To this hypothesis there are, I think, insuperable objections; the acute form affects not unfrequently the weak and exhausted; and the strong and previously healthy constitution of the parturient female does not secure her from falling a victim to the typhoid variety of this fatal malady; nor in the latter case will the antiphlogistic plan of treatment, nor the firmest credence of its inflammatory nature, prove *a saving faith* with respect to our patients. The diagnosis is in most instances, though not easy, yet by no means impossible; the former or acute inflammation of the uterus and contiguous structures, is generally sporadic; the latter (to which, perhaps, the term puerperal fever should be confined) generally occurs successively to a number of lying-in women, and is not traceable to cold, to exertion, or other causes, as metritis very frequently is. There are many symptoms common to both, and few peculiar to either, yet in most instances, and probably in all, a careful attention to the origin of the disease, and the succession of its symptoms, will prove a sufficiently accurate guide to direct us in the appropriate modes of treatment. The acute inflammatory puerperal fever, inflammation of the uterus, its peritoneal investment and contiguous structures, I have seen arise from cold, from over exertion early after delivery, and in some instances apparently from mental causes ; while the low form of puerperal fever, is probably the result of contagion, or the reception of some morbific agent, which evidently produces a disposition to putrescency, a dissolved state of the blood, and a general ramollissement of the uterus, the spleen, liver, and kidneys.

---

* From the Medical Gazette.

In the second number of your valuable journal, which succeeded the paper I submitted to your readers, there appeared a communication decidedly corroborative of the accuracy of those distinctions which I had endeavored to point out.

M. Sanson, of the Hotel Dieu, there states that he had "treated several cases in the present year of uterine phlebitis, and that it proved fatal under every plan of treatment, and assigns as a cause of the disease the sudden changes of the weather as to temperature and humidity." With this opinion I cannot concur, having witnessed puerperal diseases in their worst and most fatal form in the warmest and dryest seasons, as well as in the wettest of our autumns and winters.

"M. Sanson states, that two cases of *metritis* were cured by the adoption of the antiphlogistic mode of treatment ; but he says that bleeding, whether local or general, though employed at an early period, has proved unsuccessful, and the antiphlogistic plan has been found in numerous instances to hasten rather than retard the fatal result ; nor did mercurial frictions, laxatives, nor vesications, prove in the least degree more beneficial. M. Sanson has employed emetic tartar in inflammations of the veins following surgical operations, and observes that future experiments must show whether this or any other remedy, is capable of neutralizing the effect of the contagion of puerperal fever."

It is a curious fact, that pregnant and parturient females are perhaps exclusively the only individuals susceptible of the disease excited by this contagion ; but I have lately heard a case related by a friend which, if correct, would seem to show that it is capable of being received into the system independent of pregnancy or parturition. An observant practitioner, with whom I was conversing on the subject, detailed the case of an elderly female, who had never been pregnant, and who was under his care for stricture of the rectum at a period when puerperal fever was extending its ravages. She resided under the same roof with a woman who at the time labored under the low form of puerperal fever. She was seized with shiverings, pains in the hypogastric region ; the abdomen became tumefied and tympanitic ; her pulse small, frequent, and irregular, with the characteristic prostration of strength and disturbance of the sensorium, and he considers her death to have been occasioned by the contagion of puerperal fever.

It is difficult to explain the reason why women, whose uterine system is in a state of development, should be almost, if not entirely, the sole victims of this disease ; nor does our present knowledge of the laws of contagion enable us to discover why this, or any other miasma, should affect one part of the body while all the others, although equally exposed to it, are exempt from its influence. Thus influenza, an epidemic which has been so prevalent lately, affects first the mucous lining of the larynx, pharynx, and nares; cynanche parotidæa, the glandular system; and the contagion of Egyptian ophthalmia excites inflammation only in the eyes.

The consideration that typhoid puerperal fever is influenced so little by any remedial measure at present known, is humiliating; and I cannot help believing that the mistaken pathology respecting its danger being commensurate with, and dependent on the degree of inflammation, has tended greatly to retard the discovery of other and more successful modes of treatment than have yet been devised.

I should not expect benefit from the use of tartarized antimony, as suggested by M. Sanson: it would excite vomiting; and the agitation and pressure of the abdominal muscles would probably increase the symptoms; for the like reason, the spiritus terebinthinæ may be considered a very doubtful remedy; it has failed in the practice of some of the ablest of the profession, and I have never heard from any of my medical friends, a single case corroborative of the sanguine statements of Dr. Brenan. With respect to active depletion, by bleeding, whether local or general, I would suggest whether we are not by it counteracting the efforts of nature, and whether the febrile symptoms may not be a salutary means of enabling the system to throw off that which would inevitably prove destructive to life, and if this be at all correct, if we diminish power and exhaust the patient by copious bleeding, all that remains for us, is to watch her certain progress to the grave.

The early and free employment of mercury appears to promise more than any other remedy hitherto suggested, and mercurial frictions to the thighs and abdomen, with the internal use of calomel in large doses, repeated at short intervals, should be had recourse to, so as to affect the mouth as speedily as possible.

I am fully aware that there is little novelty in the suggestions I have ventured to make, as to the nature and treatment of the varieties of puerperal fever, nor can I propose any remedy by which it may be successfully combated, with a degree of certainty; yet there are practitioners who are still much influenced by great names, and who swear by Gordon, Hey, and Armstrong, that their creed is infallible; blind to the fallacies of their theory, when their patients die, after having been subjected to the antiphlogistic treatment in its fullest extent, they attribute the fatal result (like their learned predecessor, Dr. Sangrado,) to their not having lost a sufficient quantity of blood, nor swallowed enough warm water! An accurate and just theory of the nature of a disease, is likely to lead to a successful plan of treatment, and as this is one which destroys human life at its most valuable and interesting period, I shall be content if this paper possesses only the negative merit, *populum falsis dedocere uti vocibus.*

MEDICAL JOURNAL.

BOSTON, OCTOBER 18, 1831.

DR. PEIXOTTO'S ADDRESS.

The social condition of the Faculty in New England has for many years been such as to afford unmixed pleasure to every friend of medical improvement and social tranquillity.

In other parts of the country such has not always been the case. Many of our brethren at a distance have suffered under the effects of party spirit and its attendant evils; but we are extremely gratified to find, by the Address delivered at the last annual meeting of the New York Medical Society, by their presiding officer, that the storm which disturbed the faculty in that State, has at length subsided.

During the past year, [the learned President remarks,] the proceedings of the Society have been conducted with a degree of harmony which promises, if not interrupted, to produce the most favorable results.* * * The most opposite interests have been reconciled, and the most bitter prejudices sacrificed, in the common cause of elevating and vindicating the character of the medical profession. *** Occasional disturbances of harmony, and personal recrimination, have created an apathy in the more peaceable portion of the profession; but with the removal of the cause, it is to be hoped that the estrangement will cease. [And every liberal mind must have responded to his ejaculation,] Let us learn from past inflictions, to avoid future danger.

After some further observations on this subject, Dr. Peixotto draws a brief sketch of the history of Medical Science in the State of New York, from the period of the first settlement of the province, when, and for a century after, the state of the profession there was deplorable in the extreme, up to the present day, when it exhibits a striking and most comfortable contrast. The following picture, drawn by the faithful hand of a public spirited and ingenuous writer, about the middle of the last century, will give the reader an idea of the rapidity with which the improvement alluded to has been accomplished.

"There is no city in the world, not larger than New York, (containing then about ten thousand inhabitants) that abounds with so many doctors. They could boast of more than forty gentlemen of the faculty; the greatest part of whom were mere pretenders to a profession of which they were entirely ignorant; and convincing proofs of their incapacity were exemplified in their iniquitous practices. The advertisements they published proved them ignorant of the very names of their drugs: ignorant as boys in the lowest class in a reading school of even the little art of spelling." "How few of the profession," it is added, "can even support a conversation upon the most common subjects of physic, without betraying their natural stupidity and ignorance. Yet so strangely absurd is our conduct, that the meanest quack among them insinuates himself into a subsistence. How many of the lives of the good people of this city must annually fall a sacrifice to those pests of society!"

Either from the above plain statement or a general conviction of its truth, the profession and the public seemed at once to awake to a lively sense of the evils resulting from this condition of medical science. It was about the time the above portrait was taken, that the first law in that State regulating the practice of physic and surgery, was enacted; and, to this, in a great measure, is attributed that impulse which has been so vigorously kept up by the distinguished men who have since graced the profession in that flourishing commonwealth. It was about the same period that the first dissection of the human body known to have been practised in the then colonies, was made in the city of New York, by Drs. Bard and Middleton, on the body of one Harmanus Carroll, a criminal; and just twenty years after, that is in 1770, the degree of Doctor of Medicine was conferred on Robert Tucker—being the first medical honor of the kind ever conferred in America. A single degree was also conferred the year following, and since then the rapidity with which the number has increased from year to year, is quite as great as the most sanguine could have reasonably anticipated.

The advantages resulting from the "State Society" are pointed out by Dr. P., and the experience of all parts of the country, where such associations have been established, will confirm his views of their influence in raising the standard of medical education, and protecting the public against the impositions of quackery. They tend, also, by bringing together and creating personal friendships among physicians,—whose *business* does not generally, like that of the lawyer or the merchant, bring them into frequent contact with each other,—to prevent discord on points of etiquette and police; to introduce into the minds of all, liberal and benevolent feelings, and inspire confidence in the purity of the motive, where, without such associations, slight and unavoidable interferences might be regarded as intentional and treasured up in anger. The excellence of the code of medical ethics, framed by the New York Society, has been tested at home and eulogized abroad. In Great Britain and in France it has received the notice and the approbation of the faculty; and by adherence to its letter and spirit, by zeal in the cause of science, self-respect, and mutual forbearance, the members of the Society cannot fail to advance rapidly in learning and usefulness, in public esteem and individual prosperity. By such means they can best silence the voice of hostility which has been raised against them in the Legislature of the State, and remove the ground, be it the true one or pretended, on which the accusation referred to was based. This part of his subject is treated by Dr. P. with great calmness, and his reasoning appears to us to be sound, although we have not sufficient knowledge of the details of the affair to justify any judgment on the merits of the whole case.

The address before us concludes with some very judicious remarks on the best means of improving the condition of the medical profession. The subject is not of a local nature, but interesting to us all, and may therefore well occupy a few moments of the reader's time, and much, we hope, of his future reflections and efforts.

The first means recommended is, the encouragement of medical associations. The general advantages of these, established on the usual plan, we have already adverted to; but would ask attention to the proposal of Dr. P. for the establishment of Societies which shall be devoted to "THE RELIEF OF THE ORPHANS AND WIDOWS OF DECEASED PROFESSIONAL MEMBERS." This is a subject on which we have reflected long and deliberately, and spoken often. The propriety, the necessity in fact, of such associations, cannot for a moment be doubted, and addressing themselves as they do to the tenderest and dearest feelings of every member of the faculty, we cannot doubt that they would receive the hearty coöperation and support of the profession, were the first step but taken. "In all the learned professions," says Dr. P. "so particularly in our own, it frequently occurs that the most enterprizing individuals, when fully engaged in a career of usefulness and high promise, will be suddenly cut off by the unsparing scythe of the destroyer, and their families deprived of all support and comforts. A liberal and magnanimous profession should step forward to their relief, and enable them to escape the extremes of penury and want."

In various parts of Europe such charitable associations have been long in operation, and relieved many a bereaved family of wants which but for them must have added to their weight of sorrow. The successful efforts of Dr. Alison, the able and philanthropic successor of Dr. Gregory, and the son of that eminent divine who delighted us all in our earlier years, by his beautiful essay on taste,—the successful exertions of Dr. A. to establish within a few years an institution of this kind in Edinburgh, have come under the notice and excited the interest and best wishes of most of us. How much more deeply should we engage in the promotion of a similar charity among ourselves. There is nothing in the nature of our political or social relations, nothing in the peculiar state of the profession in this country, which should damp our ardor in the accomplishment of such an object. In the short period of our own service in a single district of the public dispensary in this city, it fell to our lot to attend, in behalf of that excellent charity, two ladies, whose deceased parents had been highly respectable members of our profession. It need not be told with what feelings we listened to their histories, sympathized with them in their indigence, and offered the aid of that science, to which, in early life, they had looked forward, not only for relief from the sufferings of disease, but also for security against those of poverty.

The second means proposed for elevating our professional character, is the publication of medical reports, by all institutions endowed or patronized by the State. The measure is one which must approve itself to all. The benefits of hospital practice which are now confined to the few who can be eye witnesses of it, may be extended over the whole community; and the withholding of such publications, if indeed it be not injustice to the public who support the institutions, is surely shutting up from the faculty much light which would facilitate them greatly in their professional course.

The support of a medical journal is the third measure pointed out by Dr. P.

It is in reference to the honor of the profession at large [says he] that I would urge the claims of a journal, provided it be conducted with ability and discretion, indulge in no personalities, embark in no local questions unconnected with the true interests of science, and in short, be independent and useful. Such a work would defy opposition.

In the fourth place he advises attempts to suppress quackery, not so much by severe legislative acts, the very severity of which is apt to prevent their enforcement, as by informing the public mind on subjects connected with health and disease. As the best way of doing this, he advises the appointment of committees by medical societies, who should, "in imitation of that excellent institution, 'The Society for the Diffusion of Useful Knowledge,'" prepare and put into general circulation, light pamphlets on the subjects alluded to.

Fifth—the requisitions for a diploma. These, our author thinks, should be increased. He insists very justly on the great importance of a thorough classical education, as a groundwork for the medical student, and regrets, as must every one who thinks for himself or feels for his neighbor, that there are among us so many pupils and even "full-fledged physicians, whose knowledge of the rules of orthography are often in an inverse ratio to their medical success."

The manifest necessity of good libraries, and, lastly, the equally important possession of public virtue, are illustrated in the close of this address, which is written with much ability and contains much interesting information that our limits will not allow us even to allude to in this notice.

RIGOROUS EXECUTION OF QUARANTINE LAWS.

We learn that an attempt has been made to evade the quarantine laws of this port, but the Board of Aldermen being seasonably apprized of the movement, by the vigilance of the resident physician, measures were promptly adopted to prevent the success of the expedient.—As the cholera appears to have very much subsided in the north of Europe, it is probable some relaxation in the present mode of quarantine will shortly be allowed.

The Capt. of the brig Gertrude, from Denmark, now below, states that a vessel from Cronstadt arrived at Copenhagen laden with wheat. She rode the legal quarantine,and having received her certificate, went up to Copenhagen. On investigation it was discovered that she had on board one hundred pounds of hemp also, which was known to the Capt. but not reported by him. In consequence he was arrested, tried for the offence, condemned, and sentenced to be shot. By the influence of his numerous friends, this punishment was afterwards commuted to eight years imprisonment and hard labor.

PROPOSED EXPERIMENT

By which the Controversy regarding the possibility of the Importation of the Cholera Morbus by Merchandize may be finally decided.—The celebrated Chervin, long known to the medical and mercantile world as an ardent and sagacious investigator of the mode of propagation of the yellow fever, has just addressed a long and able letter to the French minister of the interior, wherein he proposes the institution of a great and final experiment by which the problem of the alleged transmission of the exciting cause of cholera in merchandize of various kinds may be satisfactorily determined. He suggests that a spot should be chosen in one of the least populous districts of the north-west of France, and that a swift-sailing steam vessel should be procured to carry thither from the Baltic a cargo of the foul linen, garments, beds, &c., just taken from the dead and dying of the existing pestilence;—that from 60 to 100 volunteers of different ages and temperaments, and habits, (of whom he demands to be the first) be there clad in these clothes, lodged in the beds, and in every manner exposed to the supposed fomites of the contagion. He thus conceives that this great mercantile and sanatory question may be completely solved. If the hundred individuals thus situated escape unharmed, restrictions are nugatory, and are prejudicial to one of the first interests of nations. If, on the other hand, the disease explode amongst the experimentalists, uncertainty will be at an end, precautions must be redoubled, and the philanthropic merchant will learn to submit with resignation to the restrictions imposed on commerce for the safety of his fellow men.

The editor of the London Lancet remarks on this apparently conclusive mode of settling the question, that "if every individual of such a colony were to escape the disease, there are yet ample reasons for preventing any government from foregoing the most rigid precautions, with the direct purpose of excluding the disease from the country under their care."

Whole number of deaths in Boston for the week ending October 7, 31. Males, 16—Females, 15.

Of teething, 1—croup, 3—old age, 1—unknown, 9—scarlet fever, 4—consumption, 5—canker, 1—dysentery, 2—lung fever, 1—dropsy on the brain, 1—intemperance, 1.

ADVERTISEMENTS.

LECTURES ON THE DISEASES OF THE EYE.

A COURSE of Lectures on the Diseases of the Eye, will be delivered at the Rooms of the Massachusetts Charitable Eye and Ear Infirmary, to commence on Wednesday, the ninth of November, and continue twice a week, on Wednesday and Saturday.

The demonstration of the anatomy of the organ will be much aided by improved wax models just received by the Institution from Italy.

The Pathology of the Eye will be explained by illustrations from the cases which attend the Infirmary.

The Lectures will be delivered in the afternoon, at half past three o'clock, which will afford opportunity to Medical Students to attend. JOHN JEFFRIES.

October 9, 1831.

*** The Lectures are delivered for the benefit of the Infirmary. Oct. 18.

EUROPEAN LEECHES.

JARVIS & PEIRSON, have just received a prime lot of large European Leeches. They were selected at Gottenburg, with great care, by a person well acquainted with the business,—and will be applied, without additional expense, in any part of the city.

188 Washington Street. Oct. 11.

FRESH MEDICINES AND LEECHES.

CHARLES WHITE, No. 269 Washington, corner of Winter Street, has received, by the late arrivals from Europe, a fresh supply of Medicines and Leeches. 3t Oct. 11.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

Vol. V.] TUESDAY, OCTOBER 25, 1831. [No. 11.

I.

BIOGRAPHICAL SKETCH OF DR. JOHN HUXHAM.

The writings of John Huxham have obtained far more notoriety than the incidents of his life, of which scarcely any traits remain. He was the son of a butcher at Halberton, in Devonshire. In early life he appears to have displayed a strong bent towards medical pursuits, which he cultivated with much ardor at Leyden, an university very high in reputation at the period of his studies, and of which he became one of the most eminent graduates. Plymouth was the scene of his professional career, where he finally acquired extensive practice, and realized a considerable fortune. He early obtained entrance into the Royal Society, and communicated several papers on pathology and morbid anatomy, which are printed in the *Philosophical Transactions*.

Huxham deserves particular honor as being one among those physicians who returned first to the path of observation, and who made nature their especial object of study and reflection, instead of blindly commenting on the dreams of their predecessors. It was not that he despised the knowledge to be gathered from books, or the fruits of former experience; on the contrary he was profoundly versed in the ancient writers, was thoroughly imbued in particular with the works of Hippocrates, and composed in the Latin language with much fluency. But he perceived that the master, who was the object of his veneration, had derived his light from a careful and minute inspection into the regions of disease, and in this respect he sedulously imitated his example with a success which few have had the perseverance to attain. He paid an earnest attention to the fluctuations of the seasons, to the changes of weather, and to their influence on the production of disease. This was the field which Huxham chiefly cultivated,—an obstinate and difficult soil, demanding constant attention, and vigilant patience, and most slow in the rewards which it yields to the laborer. In the two volumes of his *Observationes de Aere et Morbis Epidemicis*, he has detailed the results of a register kept at Plymouth during nearly thirty years (from 1724 to 1752.) A third volume was edited after his death, which occurred at Plymouth, in 1768. This supplementary volume was published in 1770, by his son; and it is much to be regretted that this gentleman, who was also a fellow of the Royal Society, did not enrich the work by some records of that father, who has stamped a lasting, although modest celebrity on the name of Huxham. His Treatise on

Fever has become the most popular of his works: it appeared in 1750, and was rapidly translated into German and French. His French biographer (1822) eulogizes it in terms which will not find universal assent in this country; he asserts that it is infinitely superior to the various Treatises on Fever which have been subsequently published in England, without excepting that of Cullen. This preference seems to be founded on his having assigned an inflammatory cause to the greater part of fevers; or, in other words, on his having approximated in principle to the school of Broussais. The German historian of medicine, Sprengel, more temperately ranks his work as the best which appeared on that subject during the first half of the eighteenth century. His discrimination and description of the slow nervous fever form one of the most remarkable features. A singular distinction befel Huxham in consequence of this production. The Queen of Portugal was attacked with fever and was reduced to the last extremity, in spite of the exertions of the physicians of her country. The king at length summoned the physician attached to the British factory. This gentleman declared that he entertained some hope of her recovery, but stipulated on her being resigned to his sole direction. Under his treatment the disorder soon took a favorable turn, and her majesty rapidly convalesced. On being complimented at this successful issue, the physician replied that his only merit consisted in the application of doctrines which he had learned from the work of Huxham. The king immediately procured a translation of it to be made into the Portuguese language, which was published in a handsome quarto, and was transmitted by him to Huxham in a rich form.

Huxham was also the author of *Observations on Anatomy*, in 1756. An antimonial wine was formerly sold under his name, and a tincture of bark still bears it. His theory and practice were considerably influenced by the old humoral pathology, but he was not a blind partisan. He differs from many practitioners of his age in the paucity of prescriptions scattered through his works, and indeed lays it down, that the physician who knows a disease, cannot be at a loss respecting the form of his remedy; an opinion in which we cannot implicitly defer to his authority. His works have always been popular in Germany and France. They were collected by Reichel, and published in three volumes octavo, at Vienna, in 1773. We believe that a new edition of them will shortly appear at Leipsic, as a portion of the Collected Latin Medical Classics; an enterprise which reflects honor on Germany—since the exhibition of such respect to the great observers of former times does not at all interfere with the pursuit of modern improvements, but is highly useful in tending to correct the prejudice, which flatters itself that every new case is a discovery.

II.

AN ACCOUNT OF A REMARKABLE CHANGE IN THE APPEARANCE OF A TAPE WORM.

By E. Barlow, one of the Physicians of the Bath Hospital, &c. &c. &c.

The following communication may be interesting to those whose attention has been directed to the subject of intestinal worms.

The natural history of the tænia, seems to have been hitherto but imperfectly understood. All the accounts and descriptions, apply to the worm as it appears when expelled from the body, yet there is reason to believe that the form and condition in the living state, are essentially different from what has been represented, and that this state has hitherto eluded the observation both of naturalists and physicians.

About a year ago, the following circumstance occurred to me: when about to leave the Bath united hospital, one day, one of the nurses hastened to show me a worm, just voided at stool, by a patient under discipline for acute rheumatism. It was such as I had never seen, being about five inches long, dark colored, flatted, yet with a convexity of surface; marked throughout with minute rings, gently swelling from the head to the body, and then gradually diminishing to the tail. Pressed for time, I directed it to be laid aside until the next day, and, for security, I saw it deposited in one of the bleeding porringers, covering it with water to prevent injury from desiccation, and consigning it to the special care of the apothecary's assistant.

On examining the porringer next morning, I found, to my astonishment, not the worm of the preceding day, such as I have described, but a large mass of unfolded tape worm, white, flat, jointed, and in all respects such as patients so often exhibit to their medical attendants after the successful operation of a vermifuge.

My first impression was an unpleasant feeling of my own ignorance. I could not imagine but that I must have overlooked what naturalists had recorded, for it never occurred to me that a fact such as I witnessed, could be unknown or unnoticed. My first resolve, therefore, was to supply my own deficiency, in full confidence that I should readily find the information I wished. My research, however, was vain, for I could no where find descriptions or delineations of tænia, but such as applied solely to the unfolded worm. Thus disappointed, my next procedure was to make a drawing of the worm from memory, and to send this, together with a written account of the circumstance, to an intelligent friend well versed in natural history. But in this, too, I failed, for he could give me no additional information.

I would have afterwards called attention to the subject, by reporting the facts to some medical journal, but my original statement had been mislaid by the friend to whom I submitted it, and I had no leisure at the time, for drawing it up afresh. It continued to occupy my thoughts, however, and I only awaited opportunity to make further inquiries. Perceiving, subsequently, in Dr. Hodgkin's catalogue of the museum at St. Thomas's hospital, that he had paid attention to the subject of worms, it occurred to me to communicate with him, and I accordingly sent him a full and accurate account of what I had witnessed, accompanied with a drawing, and with such remarks as the occasion suggested. Of this communication I took no copy, which I now regret, as it would have saved me trouble in the present instance, and was, if I recollect, rather more full than the brief sketch which I now present. It would gratify me to introduce here the Doctor's polite and interesting reply, but as it was a private communication, I do not feel myself at liberty to make such use of it without his express consent. One sentence only shall I extract, as tending to verify my statement, by showing that the same fact has been observed by another living witness.

"On mentioning the circumstance to my friend, Dr. Addison, he told me that he once took from a dead subject, a worm in the state described by thee, and that having left it, a similar transformation took place." The confirmation of the fact, supplied by Dr. Addison's evidence, is valuable, and, perhaps, two such instances, separately observed and positively attested, might suffice to establish its truth. If the fact be admitted as proved, I see not how we can conclude otherwise, than that the form I have described, exhibits the living state of the worm, and that elongation takes place only when vitality is destroyed. That the contracted and elongated states are both natural to the living worm, I cannot conceive, and my persuasion is, that once elongated, the worm could never again contract so as to recover the form which I witnessed. Bremser, as I understand, has mentioned contracted and elongated states, without noticing further distinction, from which it is clear to me, that he referred only to different degrees of elongation in the dead worm, for that which, according to my view, is the living worm, has no resemblance whatever to the dead one, and could never be confounded with it, neither could any naturalist represent it as being the elongated worm in a contracted state, unless he were, at the same time, prepared to describe the extraordinary change recorded in this paper, which Bremser has not done. The subject may appear insignificant, yet truth is always worthy of being ascertained. If the facts be as I believe, then are there many errors in the prevailing notions respecting tænia, that require to be corrected. If what I represent be true, and the conclusion, as to the living and dead states of the worm, correct, it is most extraordinary by what power of inanimate matter such complete unfolding, as I witnessed, could be effected. Simple elasticity is the only such power I know. That vital power should counteract elasticity during life, is easily conceived, but the exercise of this to such an extent after death, appears to me quite unexampled.

My object in troubling you with this crude notice, is to call attention to the fact, so as to multiply observers. It can hardly be but that opportunities of witnessing it will recur, but they must be watched, as they are peculiarly liable to be overlooked, for no one meeting with the living worm, and ignorant of its nature, could imagine it to be tænia. It might thus be thrown aside, and the transformation escape notice. In the instance which occurred to me, the change was complete in about twenty hours, but how much within that time, I am unable to say.

[In connexion with the above curious history, which we find in the Midland Reporter, we present, from our Glasgow contemporary, the following account of a new genus of acarides.]

A LADY aged about forty, who had labored under a complication of diseases for fifteen years, experienced an insupportable itching over every part of the skin, and when any part of the surface was broken by scratching, thousands of little animals of a brown color were observed, which moved about with great vivacity. Such was the abundance of these little creatures, that it was necessary to change the patient's linen from three to six times a day. These little insects were capable of living for forty or fifty hours when removed from the patient, but did not appear to settle on any other individual, and the lady's husband experienced no annoyance from them.

On examining these little animals by means of a powerful microscope, neither eyes nor stigmata were detected. Probably the opacity of the body of the animal prevented the discovery of the stigmata, which are usually situated laterally in insects and spiders. The eyes do not exist even in a rudimentary state.

This animal belongs to the class of arachnides, and to the family of acarides. Its mouth, without distinct mandibules, consists of a kind of tube, furnished at the extremity with little hairs, and is almost concealed between two obtuse palpi, which are usually composed of two articulations. The tube and the palpi appear to form by their union a sort of head or prolongation of the anterior part of the body, placed between two shoulders, if we may give that appellation to the swelling produced by junction of the first pair of feet with the body. There is no distinct separation between the head and the body, nor between the thorax and abdomen ; the animal is therefore of one piece, and without wings. The animal is furnished with eight articulated feet, furnished with hairs, and terminated by a joint longer than the others. The two anterior feet are the longest, and situated on the lower part of the body, while the remaining six are lateral.—*Annales des Sciences Naturelles.*

This is obviously a new species, and, perhaps, genus of the family of acarides ; and although this is the first time the insect has been noticed, yet from the fortunate circumstance of the animal's having been examined by an able observer and zealous naturalist, the history of this parasite is much more perfect than that of the acarus scobeii, concerning which so much has been written. It differs sufficiently from the acarus scobeii which has been found in the ulcers of man, and domestic animals affected with the itch.

III.

DESCRIPTION OF A NEW, CONVENIENT AND CHEAP HERNIARY TRUSS.

By George Thomson, M.D., Glasgow.

Hernia is a complaint so universally prevalent among all ranks of the community, that any improvement in the treatment of it, however slight, is of the utmost importance. Many of our greatest improvements in modern surgery have consisted in the simplification of our means of treatment. As an example, we may instance Sir Astley Cooper's bandage for fractured clavicle, where a simple bandage is substituted for the mass of cushions and bandages formerly employed. Simplicity of construction, and efficacy in practice, are the great objects to be aimed at in the improvement of any instrument, bandage, &c. &c., and these advantages this truss most unquestionably possesses.

The spring-truss commonly employed is often very difficult of adjustment, gives great uneasiness to the wearer, and is so expensive as to prevent its use by many poor people who cannot afford to purchase one. This truss possesses the advantages of being easily adjusted, gives comfort rather than pain to the wearer, is of simple construction, and from its cheapness accessible to all.

It consists of a body-belt, to which is attached a thigh strap, and a compress of hard wood. The body-belt should be about four inches in breadth, and furnished with three straps and buckles; those sold by the dealers in braces answer very well. The compress is a circular piece of hard wood, three or four inches in diameter, flat on the back, convex in front, about three or four inches thick in the centre, and gradually turned down to one-fourth of an inch at the edge. It is fastened to the body-belt by nails, so that fully one-half of the flat back of the compress is covered by the belt; a screw-nail must also be fixed in the compress for the adaptation of the thigh strap, which should be about fourteen inches long, furnished with a number of pie-holes one-half inch or less apart, and sewed to the body-belt about nine or eleven inches from the centre of the compress.

When put on, great care must be taken to place the compress immediately over the situation of the hernia, then make the thigh strap as tight as you can, without giving pain in the bone; the lowest buckle of the belt must then be tightened, so as to produce a proper degree of pressure.

It will, in all ordinary cases, give ease to the wearer, as it has done to the inventor, who can both walk and ride with comfort.

Case of the Inventor.—About seven years since he felt a slight pain in the right groin, accompanied with a swelling, not larger than a pigeon's egg. This gave him little uneasiness: he, however, thought it expedient to consult his surgeon, who instantly pronounced it to be an inguinal hernia, and advised him to procure a spring truss, which he did.

The spring truss, notwithstanding every alteration that could be made, gave him great pain and uneasiness. He tried others with similar results. It then occurred to him, that a sufficient pressure might be obtained, by some other means, so as to dispense with the action of the spring. With this idea, he formed a truss of a belt, a large piece of cork, covered with chamois leather, for a compress, and a thigh strap.

This afforded him great relief, as it gave him neither pain nor uneasiness, though very clumsy. He afterwards thought that the compress might be made smaller, and more convenient, of a piece of hard wood, finely polished. Upon trial he found it succeeded completely, being equally easy and more agreeable.

He has persevered in the use of this truss, till the disease has completely disappeared, though he is above 70 years of age.

Recently he has had an attack on the opposite side, which proves more obstinate than the former; he has made a great many experiments, varying the size and shape of the compress, and the manner of fixing on the straps; and he finds that which has been described, the most convenient and effectual.

Case of Mr. ——. About three years since, in consequence of protracted exertion, was affected with inguinal hernia, for which he wore a spring truss, which gave him much uneasiness; for the last four months he has worn one of the trusses above described, which has afforded him much relief, and has neither given him pain nor uneasiness, and he is able to take all kinds of exercise without experiencing any inconvenience.

Glasgow Medical Journal.

IV.

OPIUM IN INFLAMMATION.

On the External Use of Opium in Inflammatory Diseases. By ROBERT BURN, Esq. Surgeon, Belford. Communicated by Dr. Bow.

TO DR. BOW, ALNWICK.

Belford, 19th July, 1831.

MY DEAR SIR,

I HAVE very great satisfaction in being able to state, that your plan of treating croup, and other inflammatory diseases, has succeeded with me most completely. In a disease so frightful and fatal as croup, I confess I was not bold enough at first to rely altogether on the means advised by you, but, in addition, applied leeches. However, since you informed me that you found leeching rather to retard than forward the cure, I have discarded them, and I agree with you that the liniment acts with more marked effect in the cases in which they have not been applied. All my cases, in which the liniment and calomel only were used, confirm the truth of the observations you made in the London Medical and Physical Journal for this month, viz. that the change from disease to health is so rapid, that there is no convalescent period. I sincerely congratulate you on this most decided improvement in our art, and enclose a few out of many cases which have come under my care.

I am, my dear sir,
Yours truly,
ROBERT BURN.

CASE I.—25th May, 1831. Mary Pile, aged eleven months, has been ill for thirty-six hours, with difficulty of breathing, &c. The symptoms evidently becoming worse, I was sent for, and found the case one of decided croup. I ordered two drachms of liniment* to be rubbed on the breast and neck, and to be repeated at intervals for two hours; also two grains and a half of calomel every two hours, until the bowels were freely opened.

26th May. The child got better and better after each application of the liniment; the bowels have been freely opened.

27th. Perfectly well.

CASE II.—16th June, 1831. — Sutherland, aged two years six months: breathing very difficult; skin hot; pulse rapid; cough frequent, with the peculiar croupy sound. Three drachms of liniment, and two grains of colomel every hour until it operate on the bowels.

17th. The child was immediately relieved by the liniment, but, as the parents were prejudiced in favor of leeches, four had been applied.

19th. Quite well.

CASE III.—20th June, 1831. Mary Clarke, aged three years, has been ill for twenty-four hours of a supposed cold: the case, however, is decidedly one of croup, characterized by difficult and sonorous breathing, cough, &c. Three drachms of liniment.

Nine, P. M. The child was immediately relieved by the liniment; indeed, as the mother said, before it was all applied. The breathing is again somewhat heavy, and the cough still croupy. Repeat the liniment, with a dose of calomel.

---

* The formula for this liniment may be found on the 37th page of this volume of this Journal.

21st June. Has slept well all night; breathing relieved; cough easier. Repeat the liniment.

Evening. Continues better.

22d. Quite well.

Case IV.—2d July, 1831. — Crinkly, aged nine years six months: a most formidable case of croup, of three days' standing. The difficulty of breathing was most alarming; skin remarkably hot, and pulse exceedingly quick. Upwards of three drachms of liniment were immediately applied, and a full dose of calomel given.

3d. The relief from the liniment was almost instantaneous, but, as a child of the same family had died of the disease some time before, the parents could not be persuaded to trust to the liniment alone, so *they* applied six leeches, which bled freely. The calomel has acted on the bowels.

4th. The patient continues well, excepting some debility, occasioned by the bleeding.

Case V.—11th July, 1831. — Robson, aged two years. This case was, with regard to the symptoms, exactly similar to the last: it was seen at eleven P. M., and two drachms of the liniment were ordered to be occasionally applied to the neck and breast; calomel.

12th. The child was immediately relieved, and slept well during the night. The bowels have acted.

13th. Quite well.

Lond. Med. and Phys. Jour.

MEDICAL JOURNAL.

BOSTON, OCTOBER 25, 1831.

THE CHOLERA AND ITS TREATMENT.

We tender our acknowledgments to Dr. Smith for his polite attention in sending us the following directions of Dr. Walker, and the treatise of Dr. Jaehnichen. Practical directions, coming, as do these, from a distinguished medical practitioner, who has been not only in the midst of the disease, but also engaged in the treatment of it, have a value and an interest far above any speculations of those who have never attempted its cure, or witnessed its symptoms.

To the Editor of the Boston Med. and Surg. Journal.

Accompanying this note is a manuscript from the pen of Dr. Walker, an eminent English practitioner at St. Petersburgh, on the treatment of the Cholera. I am indebted for it to Capt. Turner, of the ship Fama, of this port, by whom it was brought. Yesterday a duplicate copy was received by Capt. Hooper, of the ship Athens, together with a small treatise on the Cholera,—"Quelques Reflexions sur le Choléra-Morbus, par le Dr. Jaehnichen, Membre du Counseil Temporaire de Médecine," printed at Moscow, from which you may glean some interesting facts.

It is proper to remark, that Dr. Walker drew up this paper in the plainest manner, that it might be understood by persons who might be taken sick at sea, on a homeward bound passage, from a country where the Cholera has raged in a most frightful manner.

Within a few days, I have had an opportunity of conversing with an intelligent gentleman from St. Petersburgh, who happily recovered from the Cholera, under the efficient management of Dr. Walker. He assured me that common table salt—a spoonful in a tumbler of water, often repeated—not only speedily relieved him from violent pains, but ultimately restored him to perfect health.

Notwithstanding the fact, that I have opportunities, almost daily, in boarding Russian vessels, of making inquiries relative to the character and devastations of the Cholera, in the north of Europe, of gentlemen who have recently been eye-witnesses, I can gather nothing that is satisfactory to a medical man.

Respectfully and
Obediently yours,
J. V. C. Smith.
Quarantine Ground,
Boston Harbor, Oct. 17, 1831.

Here follow the directions of Dr. Walker, referred to in the above note.

Treatment of the Cholera.

The disease may be said to begin in two different ways.

1. With a peculiar feeling in the head—rather giddiness than head-ach—at the same time an oppression in the chest, with pain about the heart, palpitation, great anxiety and feeling of weakness. In this case a bleeding of two teacupfuls (8 ounces) is of the utmost service when done immediately; or if the great anxiety continue, double that quantity, or even more, if the person is young and robust, should be taken. This followed by a dose of one or two tablespoonfuls of castor oil, repeated every three hours till the bowels are well opened, will often stop the disease at once. For some days the diet should be only broth and gruel, tea, sago, arrow root, rice.

The other way is, beginning as a common looseness, which continues from a few hours to several days, before the violent symptoms of the disease come on. No looseness should therefore be neglected at the time the cholera prevails, but should be checked immediately, and what I have found best, is to have a thin decoction of salep, to eight ounces of which I put a little syrup, $\frac{1}{4}$ to $\frac{1}{2}$ ounce (according to the age) of London paregoric elixir, $\frac{1}{4}$ ounce of spirit of peppermint, and twenty grains of salt of tartar, or wormwood, or carbonate of potash, (different names for the same stuff.) To take a tablespoonful of this every two or three hours, according to the frequency of the purging. When there is no apothecary to prepare this, then to a large tumblerful ($\frac{1}{2}$ English pint) of mint or balm tea, put two tablespoonfuls of thick boiled salep, or arrow root, or sago, or rice gruel, and one or two teaspoonfuls of London paregoric (according to the age and violence of the purging), and of this one tablespoonful is to be taken every two or three hours.

The drink should be toast-water, or rice-water; the diet entirely farinaceous, as gruel, rice, sago, arrow root, weak broth, but no solid food, nor wine or spirits. If the purging still continue, but without pain, it may be checked or stopped by taking a teaspoonful of a powder composed of three teaspoonfuls (in powder of course) of bread burnt to a coal, and one teaspoonful of alum powder, well rubbed together in a mortar. The teaspoonful may be repeated thrice a day. If there is much pain or griping, or if there are calls without evacuating anything but a little slime, a small dose of castor oil ($\frac{1}{2}$ or 1 tablespoonful) should be taken, or a small teaspoonful of rhubarb with five to ten drops of laudanum, and one or two tablespoonfuls of peppermint water, or one or two drops of essence of mint; and then afterwards the mixture above ordered is to be renewed. With this sort of purging, putting the feet into warm water, and taking some very hot mint or balm tea, and covering up so as to bring on sweating, are also of great service.

After these two states have continued for a time varying from a few hours to two or three days, the violent symptoms which more particularly mark the disease come on. It also frequently attacks suddenly, although I am very much disposed to think, that even in these cases there had been premonitory symptoms which had been overlooked.

The attack is generally ushered in by a sense of weakness, trembling, giddiness, nausea, violent retching, vomiting and purging of a watery, starchy, whey-colored, or greenish fluid, and commonly without griping. These are accompanied or followed by cramps, generally beginning in the toes, and extending thence to the calves of the legs, the thighs—then the fingers, hands, arms, belly and chest. These are soon succeeded by pains, tightness and oppression in the *chest*, great anxiety and restlessness, loss of voice, great sense of internal heat, inordinate thirst, and incessant calls for cold water, which is no sooner swallowed than instantly rejected with a quantity of phlegm or fluid like the seethings of oatmeal; the pulse either altogether imperceptible, or so indistinct as to give only a sense of fluttering; the respiration laborious and hurried, with long sighs; skin cold, clammy, covered with great drops of sweat, and of a blueish livid hue; great and sudden prostration of strength; anguish; agitation, so as not to remain above a few moments in the same position; eyes heavy and dull, and sunk in their sockets, the pupils dilated; the skin of the feet and hands shrunk and puckered; the whole surface cold, and nearly devoid of feeling.

I generally give at first (when the vomiting has begun) a draught with 30 drops of laudanum, 30 or 40 drops of ether, in a tablespoonful of peppermint water, or water with 2 or 3 drops of the essence of peppermint; if the weakness is very great, I give it in a wineglass of brandy or rum; if vomited, *immediately* repeat the *dose;* if kept sometime on the stomach, give five drops laudanum with ten ether, every hour or two, or three, according as the stomach retains them, or, if soon rejected, give at short intervals. When these draughts do not stay at all on the stomach, I have given, with advantage, common salt dissolved in water, and it has been a good deal employed here by itself, with great success. Two tablespoonfuls are dissolved in a tumbler (large) of water, and drank off at once, which is generally vomited up; then a tablespoonful of a solution of the same strength is given every $\frac{1}{4}$ or $\frac{1}{2}$ hour, till the vomiting stops, when nothing is to be given for some time but the mint or balm tea, with the sago or arrow root in it, and afterwards a dose of castor oil, one or two tablespoonfuls. If the vomiting and purging do not moderate soon under this treatment, I give calomel 2 grains with $\frac{1}{3}$ or $\frac{1}{2}$ grain of opium, every two or three hours, giving, between, the mixture with mint or balm tea, and paregoric as formerly, which are not to be continued after the purging and vomiting has ceased for an hour, but a dose of castor oil, or salts, given immediately, and repeated after three hours, if the bowels have not been moved, or if the evacuations are still of the same appearance.

When there is pain in the stomach, and the vomiting, the magistery of bismuth, in doses of three grains every three hours, has been employed by many with great benefit, (first at Warsaw,) but I cannot say that with me it has done much. The drink should be the mint or balm tea, toast-water—even plain water, but not more than a tablespoonful at a time, because, if drank in any quantity, it is vomited up immediately; and yet I have heard of many instances where drink has been allowed in great quantities, which, although vomited at first, have at last staid on the stomach. Weak lemonade has been allowed by some. With this the external treatment is of the utmost consequence; the arms and legs should be rubbed well with hot strong spirits, spirits and vinegar, spirits that have stood on capsicum or horse-raddish, mustard with oil of turpentine, oil mixed with hartshorn—the rubbing to be done with flannel, or even a brush, and continued with perseverence till the limbs become warm—the legs to be wrapped in clothes wrung out of hot water. One of the most effectual applications is a plaster of flour of mustard and vinegar, with a very little common flour, to the pit of the stomach, but large enough to come up a good deal on the chest, and downwards on the belly, and kept on till it produces much irritation and redness, which will require from one to two or three hours. This must never be omitted. The same plasters are also to be applied to the calves of the legs, to the inside of the thighs, round the ancles and wrists like bracelets, when the person is very low, and the extremities are very cold. When there is no mustard, or when I want to make an impression in a still shorter time, I have used, with advantage, clothes dipped in quite scalding water, to the pit of the stomach, so as almost to scald the skin, and sometimes blisters have been raised in this way, and done good. Flannels dipped in hot oil of turpentine, and applied all over the belly, have been also employed with great benefit, and of a mixture of oil of turpentine, say one tumbler, common oil $\frac{1}{2}$ tumbler, and some hartshorn, one wineglass has been found very good. Bags with *hot* salt, or bran, or oats, &c. should be applied all over the belly; and, in short, every means used to restore the heat, and bring on a natural warm perspiration, which is very different from that cold clammy sweat, which seems merely forced through the pores by the agony.

Starch glysters, with 30 or 40 drops of laudanum, are also sometimes very efficacious in stopping the irritation of the bowels, and might be repeated every two or three hours if they are not long retained in the bowels.

Great care must be taken during the convalescence to allow nothing but plain and not strong broth, gruel, arrow root, sago, rice gruel; and the bowels must be kept open by small doses of castor oil, salts, rhubarb and magnesia.

Not unfrequently a kind of low nervous fever succeeds, accompanied with dulness or even stupor; if there are any leeches to be had, four or six or eight should be applied to the temples; a blister behind the ears, to the nape of the neck; if there is pain at the stomach on pressure, leeches there also, and a blister, or first the mustard plaster might be tried. Inwardly, give merely thin gruel, or sago, or arrow root, or, where it can be had, a decoction of marsh mallows root (Althea), with two or three grains of salt of tartar (wormwood), or carbonate of potass, or soda; also one grain of calomel, from four to six times a day, for two or three days.

If the tongue is red like raw beef, no food must be given except these mucilaginous liquids, and no wine or spirit, even although the patient be very weak; for that kind of tongue indicates a kind of inflammation, extending in all probability into the stomach, and which would only be increased by any stimulant, as wine or spirits.

The effervescent draughts, made with salt of tartar twenty grains, and lemon juice one tablespoonful, and some water, are useful in such cases, and might be repeated six to eight times a day. The soda powders do very well instead of these; and, I had forgotten to say, that frequently these draughts, or the soda powders, are found very useful where the vomiting continues in spite of every other remedy.

In bad cases the vomiting and purging cease before death, because the person is too weak; give, then, stimulants, warm brandy, ether, the aromatic spirits of hartshorn. When the disease attacks suddenly, after eating, an emetic should be given first, and plenty of warm water drank to clear the stomach.

Everybody should live in a moderate way, not making any change in their way of living, but continuing what they had found by experience to be best for them.—AVOID CATCHING COLD.

[We shall give some account of the treatise of Dr. Jaehnichen in our next.]

SKETCHES OF THE HISTORY OF MEDICINE.

2. *Among the Hebrews previous to the Captivity.*—Among the Israelites as well as in Egypt, the medical and sacerdotal offices were closely united. The Levites, who had the charge of the sacred rites, also devoted themselves to the observation of disease. The particular care required by the laws of Moses, of those who were infected with leprosy, are well known, and the distinctions mentioned by him in the forms of this disease, have been in many respects adopted by modern nosology. For the rest, it appears that epidemics were frequently visited upon the people by divine appointment, as punishment for their sins, and were arrested in consequence of their repentance and prayers. A remarkable instance of this sort is recorded in the reign of David, whose vanity in numbering the people was punished by a plague, which threatened to depopulate the country, and which was finally stayed only when the anger of the Deity was appeased. Neither science nor art, in their modern sense, appear to have been much cultivated. We are told, indeed, of the vast acquisitions of King Solomon, in natural science; but so little were the arts of life advanced among his subjects, that it was necessary to employ workmen from Tyre in the construction of the temple.

It must be remembered, however, that the sacred scriptures, devoted to higher subjects, refer only incidentally to the productions and efforts of human skill. The diseases and cures principally recorded, are those in which Divine interposition was most manifest. But these facts, however interesting, scarcely belong to a history of medicine, considered as a human science; nor is there reason to believe, that the knowledge which this people carried with them into Egypt, received in their hands any considerable addition.

3. *Among the Hindoos.*—Like the Egyptians, the Hindoos were in the time of Alexander, and from that period until now, divided into tribes or castes; among which the brachmins included the learned men and physicians. There also existed in India a sect of philosophers called Samaneans, the Schamans mentioned by modern travellers in Thibet and Malabar. These were divided into two classes, the *Hylobians*, or livers in the woods, and the physicians, properly so called. These last led a life of great simplicity, treated diseases principally by diet and regimen, and among remedies, placed the greatest faith in ointments and cataplasms. In large towns, the general superintendence of the sick was confided to a peculiar class of magistrates, under whose inspection the

Schamans practised their art. We are told by Strabo, of a law forbidding those who discovered a poison to make it known, unless they had found an antidote to its effects. In this case the discoverer was highly honored and rewarded; but if the poison alone were promulgated, his crime could be only expiated by death.

Their therapeutic system was in great part theurgic, that is, consisting of sacrifices and magic rites, intended to avert the anger of evil genii. This system, not limited to the banks of the Ganges, has spread into Persia, Syria, and Egypt, and reached its highest perfection in the city of Alexandria.

The brachmins of the present day are not devoid of medical science, but content themselves with transmitting, without improvement, the opinions and practice of their ancestors. They possess, on the art of healing, some ancient works written in verse, and containing formulas equally applicable to all forms of disease.

The pathology of the brachmins is very absurd. They attribute all diseases of the skin to worms. According to them, the body is composed of an hundred thousand parts, of which number seventeen thousand parts are vessels, every one of which has seven different outlets, and into which enter ten different species of winds. All kinds of diseases result from the irregular direction of these winds, and as it is the external air entering the lungs which produces them, the best preservative from disease is not to breathe too fast.—It is said that the brachmins are acquainted with the virtues of plants, and employ some medical articles of this class with advantage. They prescribe limewater and the cowhage (dolichos pruriens) as remedies in worms. They make up pills with the juice of the euphoria and maize, which they administer with advantage in a variety of cases. They prescribe rice in cholera morbus, and baths of earth in the beribery. In acute fevers they prescribe rigid diet, and sometimes, though rarely, bleeding. In smallpox they use a modified antiphlogistic regimen, and, according to Mackintosh, they possess an ointment, the composition of which is unknown to Europeans, for making the pits left by this disease to disappear. In venereal disease they use articles indigenous to the country, and especially the pills above mentioned, which appear to possess considerable efficacy. They are also asserted to possess a remedy against the bites of serpents, of a narcotic quality, which is almost always successful.

Among their general remedies, bleeding, as has been observed, holds a low rank, and is never resorted to in those forms of disease which are peculiar to the country. In this view of the subject they seem to be warranted by experience. They are equally opposed to the use of enemas. Their favorite application is caustic, which they apply as do the Japanese, in slow fevers and in cholera. In ophthalmia they scarify the eyelids, and make incisions in the forehead. They have no idea of amputation.

Such is the state of medicine among the Hindoos, as represented by modern travellers who have visited India. As they have profited little by the improved state of the science, in those nations with whom they have come in contact, so it is highly probable that they have made few additions to the knowledge of their forefathers, and that the above statement, so far as correct, might serve, with little alteration, for any period, however remote, in the history of the country.

SCOTCH WHISKEY.

At a late meeting of the Medical Society of Glasgow, an Essay was read by Mr. Ritchie on the subject of Intemperance. The author dwelt on the baneful effects of ardent spirits on the body in health, and the utter inutility of spirituous medicines in disease. He condemned, in no measured terms, the use of vinous potations, and advocated, with laudable zeal, the new, and, among us certainly, the popular creed of total abstinence. This essay produced a brisk and able discussion in the Society, the account of which occupies many pages in the last Glasgow Journal. All the members who took part in the debate, dissented from the essayist. One believed it futile, to reason from the abuse of ardent spirits, against their temperate use. Beef and coffee might by such reasoning be proscribed, and so might bread, or even water itself. The latter, as well as rum and brandy, if taken too largely, produces headach, acidity, and many digestive difficulties,—they unman the limbs, and debilitate the mind. A second, agreed with his friend in opinion, that an occasional and temperate use of spirituous liquor could not injure a man, and that under many circumstances it proved highly invigorating to the bodily and mental energies. A third, could not think with Mr. R. that total abstinence was expedient in all cases, and he thought, that by advocating it, the temperance society were taking a measure, which would not aid them at all in the accomplishment of their laudable object, but rather produce reaction.—Dr Buchanan could not subscribe to the doctrine of the essayist, that the moderate use of *vinous* liquors predisposed to epidemic diseases. He believed the reverse, and was reminded of an anecdote the late Dr. Gregory told of himself. When a medical student Dr. G. went to Leyden to receive the instructions of the celebrated Gaubius. He there found many of his countrymen, and about a dozen of them were in the habit of associating together as messmates. They had many discussions as to the kind of diet best fitted to guard against the remittent and intermittent fevers then prevailing around them. They were all in favor of wine and a generous diet, except one obstinate water-drinker, and it turned out that he was the only one of the number "shaken by the ague." Dr. Macleod believed ardent spirits much less injurious to the health than malt liquor. He considered the designation of Temperance Societies, assumed by several thorough-going associations, as much a misnomer as would be that of Intemperance Societies;—for they condemned alike the *temperate* and *intemperate* use of ardent spirits. Abstinence Societies they might be called, but the title of Temperance Societies belonged to those who, like himself, with an utter abhorrence of excess, believed the temperate use of such stimulus beneficial. Dr. Scouler thought that the general use of some kind of stimulus would probably continue as long as mankind existed. The Turk has his opium—the Hottentot his narcotic stimulant obtained from hemp—the South Sea Islander his yava—the Siberian his mushroom. These, and others, were quite as injurious as alcoholic liquors. But Dr. S. was of opinion, that by diffusing knowledge among the people, and thus raising them in the scale of refinement, such liquors would be gradually exchanged for the more harmless beverages, such as beer and ale. Dr. Armour was thoroughly convinced, from his own observation, that much suffering comes to mankind, and much money to the faculty, through intemperance. He is equally satisfied, that when fatigued and wet and cold, much good is produced, and sickness prevented, by a small quantity of spirits taken undiluted, or with warm water. Of this last the Doctor speaks from personal experience. So in certain diseases, as typhous fevers, chronic diarrhœa in children, &c. he believed that many lives had been saved by the administration of hot brandy and water. Dr. Anderson objected to the arguments adduced by Mr. R. from experiments on dogs, as it never having been intended that the lower animals should drink either wine or spirits, they must have been forcibly introduced into their stomachs, and consequently followed by bad effects. Mr. Cowan regarded the statement, that fifty millions of gallons of spirits were annually consumed in the united kingdom, as a great exaggeration, and regretted that such libels on the morals of the people should be permitted to go abroad. Mr. Watt dissented from the opinion of the essayist, that the epidemic of 1817–18, in Ireland, was traceable to the abuse of ardent spirits. It was universally known to be occasioned by the starving state of the people, who wandered about in absolute misery and want, without the means of procuring food or clothing, far less their favorite whiskey. Dr. Davidson allowed, that drunkards were the exclusive subjects of delirium tremens, but he was not aware that a moderate indulgence in alcoholic liquor predisposed the system to other diseases: scarcely the usual proportion of such as allow themselves this indulgence are affected with typhus. He believed the only mode of suppressing intemperance to be, to improve the moral and intellectual condition of the lower classes.—Not one, in fact, except Mr. Ritchie himself, appeared to defend the sentiments expressed in his essay. This he did at very considerable length.

CHOLERA.

We have written to Dr. Walker, whose directions are published in to-day's Journal, for a full account of his observations of the course and treatment of this disease at St. Petersburgh, and shall favor our readers with his reply as soon as received.

Red Color of the Blood.—The remarks published in this Journal in December last, by Dr. Sewall of Washington, are copied into the London Medical Gazette, the editor of which work has addressed to Dr. S. some queries on the subject. As his reply will probably illustrate some important points in his communication, we hope to have the pleasure of presenting it to our readers very shortly. The subject is one of deep import at the present time.

Surgery.—Few examples are before the world more eminently illustrating the advantages to mankind of the culture of the surgical art, than the recent case of the Chief Justice of the Supreme Court of the United States. There is every reason to believe, that the life and services of that venerable and invaluable Jurist will be prolonged many years, by the operation of lithotomy which he has undergone at Philadelphia. It was performed by Dr. Physick, "with a professional skill," says the National Gazette, "which could be rivalled only by the admirable fortitude with which it was borne. If we could select feelings to be envied, we should indicate those of a surgeon successful on such an occasion, with a sensibility such as that of Dr. Physick. The operator was thoroughly alive to all the merits of his patient; his esteem he probably thought so great, that it could not be enhanced; but he witnessed a simple force of resolution, which must have convinced him that the man is equal to the judge." On the 17th inst., three days after the operation, Dr. P. pronounced his venerable patient as well as any man *of any age*, at the same period.

Whole number of deaths in Boston for the week ending October 15, 32. Males, 14—Females, 18.

Of bilious fever, 1—intemperance, 1—cholera, 1—lung fever, 1—dysentery, 1—scarlet fever, 2—consumption, 4—spasms, 1—drowned, 1—dropsy on the brain, 1—old age, 1—tumor, 1—canker in the bowels, 1—decline, 1—hooping cough, 1—mortification, 1—convulsions, 1—croup, 3—unknown, 6.

ADVERTISEMENTS.

LECTURES ON THE DISEASES OF THE EYE.

A COURSE of Lectures on the Diseases of the Eye, will be delivered at the Rooms of the Massachusetts Charitable Eye and Ear Infirmary, to commence on Wednesday, the ninth of November, and continue twice a week, on Wednesday and Saturday.

The demonstration of the anatomy of the organ will be much aided by improved wax models just received by the Institution from Italy.

The Pathology of the Eye will be explained by illustrations from the cases which attend the Infirmary.

The Lectures will be delivered in the afternoon, at half past three o'clock, which will afford opportunity to Medical Students to attend. JOHN JEFFRIES.

October 2, 1831.

*** The Lectures are delivered for the benefit of the Infirmary. Oct. 18.

FRESH MEDICINES AND LEECHES.

CHARLES WHITE, No. 269 Washington, corner of Winter Street, has received, by the late arrivals from Europe, a fresh supply of Medicines and Leeches. 3t Oct. 11.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

Vol. V.] TUESDAY, NOVEMBER 8, 1831. [No. 13.

I.

OBLITERATION OF THE VEINS.

On Obliteration of the Veins, as the Cause of Œdema, or Partial Dropsy, and particularly of the inferior Extremities.

[The cause of œdema is generally so obscure, that the reader will be interested in the following remarks taken from an essay on this subject in the Archives Genérales, By M. Corbin, Physician to the Paris Hospital La Charité.]

Obstruction of the veins has been mentioned by various authorities as the cause of certain partial dropsies, and, among others, by Morgagni, Camper, Hodgson, Travers, Beclard, Raikem, and Bodson. The interesting article by M. Rayer (Dict. in 21 vols. *Hydropisie*), and two memoirs by M. Bouillaud (Archives, 1823 and 1824), contain a satisfactory account of all that had been previously done upon this subject. To M. Bouillaud, however, the credit is due of having completely established the fact, that dropsy does sometimes rely on this cause: he relies solely upon facts, and shows successively obstruction of the abdominal vena cava giving rise to œdema of both inferior extremities; of one iliac or femoral vein, to infiltration of one limb; of the vena porta, to ascites; of the superior cava, or of the larger trunks which join it on the right or left side, to infiltration of the whole face and upper extremities, or to one half of the face and one arm. In this theory M. Bouillaud includes passive dropsies alone, and not inflammatory dropsies. Other pathologists, as Meckel, Travers, Chaussier, David Davis, and M. Velpeau, have attributed to a similar cause the acute œdema of recently delivered women. Several writers have recently endeavored to confirm and still further to develope certain parts of M. Bouillaud's theory. M. Reynard has shown, by additional facts, that obstruction of the vena porta produces ascites, and that it also gives rise to a dilatation of the superficial veins of the abdomen. This latter observation is highly important in a diagnostic point of view.

On the other hand, opponents to this system are not wanting. Hodgson, Travers, and Beclard, have recorded some cases which favor the views of M. Bouillaud, and others which are opposed to them. MM. Rayer and Bricheteau (Dict. in 2 vols. *Hydropisie*), tied the principal venous trunks, but no serous effusion was produced; and Bichat maintained that obstruction of the veins, and even of their principal trunks, did not in general give rise to dropsy.

It is not my intention to enter

into the discussion of the general question: I shall endeavor to illustrate one point only; the case in which one inferior extremity alone is infiltrated, or a great deal more infiltrated than the other. Morgagni, Travers, Hodgson, and Bodson, have related four cases of this sort, and M. Bouillaud details four others in his first memoir: in all these instances there was an obstruction in the great venous trunks of the affected limb. It may not, however, be useless to add to the number of these cases, as we shall thus be led to draw more positive conclusions. Following the example of M. Bouillaud, I refer only to passive dropsies, and leave entirely out of the question what others have written respecting that painful species of œdema which occurs in puerperal women.

Case I. Joseph Lalique, aged 31, was admitted into the Charité, April 20th, 1829: he had for many years been troubled with cough and abundant expectoration; he had night sweats and diarrhœa, and was reduced to the last stage of marasmus. Upon examining the chest, tubercular disease, in an advanced stage, was detected, especially of the right side; but the symptom that particularly attracted attention was an œdematous swelling of the left lower extremity, which was nearly one third larger than the right. The limb was painful and heavy; slight motion of it caused great distress. It was examined with particular attention, as there was no appearance of anasarca in any other part of the body. The vena saphena, and its divisions, appeared healthy, as far as could be determined on account of the swollen state of the limb. In the course of this vein no particular pain was felt, nor was there any redness of the surface in any part of the limb.

The patient died on the 1st May, and his body was examined next day. The state of the lungs was not the particular object of inquiry, but the following appearances were found in the œdematous limb. The vena saphena, and its branches, were empty, healthy, and of a natural size. The external iliac vein, from about an inch before its passage under Poupart's ligament, the whole course of the crural vein, and all its deep-seated divisions, from their origin to their most minute branches, were converted into solid knotty cords. In the interim of these veins there were firm fibrinous clots, of a pale red color: in some parts the clots were rather soft, and like blood recently coagulated; in others still softer, with the appearance of grumous sanies, of the color of the lees of red wine: such was, especially, the state of the blood in the iliac, and the commencement of the crural vein. The parietes of these veins were opaque, firm, and elastic, of a dull white color: in the other limb no similar appearances existed.

Case II. A young man, named Millot, 20 years of age, was admitted, December 10th, 1828, into the Charité, in a state of great exhaustion: he died on the 18th January. From the symptoms he had previously labored under, it was presumed he had had a pneumonic affection, combined with ulceration of the intestines. As in the preceding case, the left inferior extremity was œdematous: the limb had swollen suddenly on the 3d or 4th of January: the infiltration was considerable from its first appearance, and continued to increase to such an extent that a very deep pit was made on the surface by pressure. The whole limb was painful: there was no redness of the skin, nor any apparent lesion of the veins, or any other part, which could account for the œdema.

Dissection. The left iliac vein, for about two inches above the crural arch, was filled with soft red grumous matter, ("bouillie,") in which we thought we could detect a mixture of blood and pus. Above this part the vein was unobstructed, as was also the vena cava, which was examined as far as the diaphragm. Below, and down to the heel, the crural vein, and all its deep-seated ramifications, were filled and clogged up by a firm clot, which, for about five inches from the origin of the crural vein, was detached from the parietes, having a smooth round appearance, like a worm. In the iliac vein, a layer of brown, flocculent, thin fibrine was deposited upon the parietes, and separated them from the pultaceous mass above mentioned: it was easily detached, and raised in long shreds, like those which are found in the interior of aneurisms. The parietes of the iliac and crural veins, and the branches which were thus obstructed, were decidedly thickened and opaque. Around the veins, down the whole of the limb, the cellular tissue was preternaturally firm. At the groin, the hardened state of the cellular tissue was particularly observed: the lymphatic ganglions at this part were also indurated, but not much increased in size. The veins of the other limb were healthy.

In these cases the infiltration existed only on one side, and the vessels of the affected limb were filled with coagulated blood; but in the following instances the facts were different.

Case III. A young Englishman, aged 23, was admitted, under M. Chomel, for a long-standing pleurisy of the right side, to which had succeeded effusion into the left cavity of the chest. Every means were in vain adopted to save him. From the commencement of his illness, the inferior extremities were slightly œdematous. The infiltration was much increased towards the end of the disease, and particularly in the left limb: the tumefaction was indolent, without superficial redness, or any indication of any lesion of the vessels; the inguinal glands were healthy.

Dissection. Throughout the whole track of the crural vein, and in most of its branches, and also in the vena saphena and its divisions, were found sanguineous concretions, apparently of recent formation, of a soft consistence, and deep color: in some points, however, both in the large and small veins, the concretions were less firm, and of a paler color. In the other limb no appearances of the kind were detected.

Case IV. Lavasseur, aged 46, was admitted into the Charité, January 30th, 1829: he died, the 9th of February, of an abscess of the liver, complicated with peritonitis and slight pneumonia. A few days before his death, both inferior extremities became œdematous; the left limb was most swollen. Notwithstanding the difference in the size of the two extremities, it had been presumed that the infiltration in them depended upon effusion within the peritoneum. The vessels of the right inferior extremity were healthy. The termination of the external iliac vein for about an inch above the crural arch, the crural vein, saphena, and all its ramifications on the left side, were converted into large, knotty, and hard cords. The proportional size of the veins may be imagined from that of the saphena, which was nearly the size of the little finger. All these veins were filled with a firm fibrinous coagulum. At the upper part of the vena saphena and crural vein, as well as in the iliac vein, the coagulum was of a brown pultaceous consistence. The parietes of these veins were thickened, and of a dull white color; the valves retained their delicate structure and transparency.

In the two last cases, the limb, whose vessels were found healthy, had been but slightly infiltrated during life. In the following case, in which there was also a slight œdematous appearance, the vessels were not entirely free from obstruction.

Case V. Victor Damosel, aged 43, entered the Charité, June 17th, 1829: he had long been in a consumption, and his speedy death was inevitable. The right inferior extremity was very œdematous; the left so slightly as not to be perceived by the eye; the œdema could only be detected by pressure. In about ten days he died.

Dissection. The termination of the inferior vena cava, from about an inch above its bifurcation, contained some clots of coagulated blood, of a light violet color. The common iliac and the external iliac veins of the left side also contained similar coagula, in a greater number, but still they were not sufficiently numerous to fill the vessels, and to offer a complete obstruction to the circulation of the blood. On the right side, the common and external iliacs, and all the superficial and deep-seated veins, from the crural arch to the foot, were filled and distended with coagulated blood, which was of a firm consistence in the smaller branches only. In the large veins, and particularly in the external iliac and origin of the crural, there were merely clots of grumous blood, of different sizes, mingled with reddish looking sanies, partly floating and partly adherent to the parietes of the vessel. The parietes of the veins were thick, firm, opaque, and white. On the left side no similar appearances were found, or, at least, there was no evident difference between the veins that remained free and those which contained coagulated blood.

In the following case also the lesions of the veins on each side were in exact proportion to the degree of infiltration.

Case VI. Lecompte, a young woman, aged 22, was admitted March 4th, in the last stage of a consumption. The only symptom that appeared remarkable in this patient was the excessively œdematous state of the right lower extremity: there was neither pain, redness, nor any lesion of the superficial veins, which could account for this symptom. Instructed by the previous cases, I predicted to my colleagues, MM. Danyau, Lemoine, Mussot, Audiat, Dumoutier, Bessière, &c. that we should find the large venous trunks obstructed by fibrinous coagula. It is proper to state that the œdema of the limb had only existed for eight days; and this fact alone was sufficient to prevent the supposition of any other lesion. The patient died on the fourth day from her admission.

The whole of the deep-seated veins in the right side, including the common and external iliacs, were filled with a coagulum, which was partly firm and black, and recently formed, especially in the secondary branches. The coagulum was traced through the principal branch, from the vena cava to the heel: all the vessels in which it existed were much thickened. On the left side there were also some sanguineous concretions in the iliac and the origin of the crural veins: they were evidently recent, and, as compared with the right side, of very small size, and did not form a continued coagulum which could obstruct the circulation of the blood.

In other and similar cases I had not been fortunate enough to detect the "point de dèpart" of the obstruction to the free current of blood. In this instance, however, the lumbar and mesenteric glands were tuberculated: they were as large as a nut, and several of them, agglomerated together, formed, in different parts, masses like small apples. One of these masses was situated over the inferior vena cava, where it penetrates the liver, and several others placed before it must have compressed the vein in different points when the patient was in bed, to which she had been confined for nearly ten months.

If we add these facts to those already recorded by Morgagni, Hodgson, Travers, Bodson, &c., and lastly by M. Bouillaud, we may positively infer that the partial dropsy of one of the inferior extremities depends upon the obstruction of the large veins which return the blood. From some of these facts I am induced to draw the same inference respecting those cases in which one limb becomes œdematous before the other, and in a much greater degree; and in this opinion I am supported by M. Louis, who in such instances has always detected fibrinous concretions, either exclusively, or in a larger quantity, in the veins of the limb which was most œdematous. It may, therefore, be established as a proposition, that when one limb is infiltrated to a certain degree, and for a length of time, there is always a material obstacle to the circulation of the blood through the veins in that limb. Let it not be forgotten that passive infiltrations alone are referred to; that neither the œdema of recently delivered women, which has been explained by M. Velpeau and others in a similar manner; nor that infiltration which coexists with certain erysipelatous inflammations, or that which follows these and other exanthematous diseases, is included. The day may, perhaps, arrive, when these cases may also be referred, either wholly or in part, to the theory of M. Bouillaud; but, as far as my experience extends, this would not be justifiable at present.

The obstacle which impedes the circulation of blood in the veins may be of various kinds. Thus, a tumor situated in the course of the vessels, or the impregnated uterus, may produce the same effect as sanguineous concretions formed in the vessels; but it is these concretions we most generally find. But what are we to think of those cases in which no compression is exerted on the vessels? Are we to attribute the impeded circulation and coagulation of the blood to weakness of the general economy, or to an atonic state? It is certain that we find these conditions almost exclusively in weak subjects, or those exhausted by diseases. In other constitutions, the agents of the venous circulation, whatever they may be, triumph over the obstacle. Still, however, I am not disposed to adopt this explanation: it must be remarked, that the parietes of the veins, in such cases, are always hypertrophied, thicker, firmer, and more opaque than in their natural state. They nearly resemble arteries. Sometimes even the surrounding cellular tissue participates in the induration, as was found to be the fact in Case II.: this evidently supposes a state of inflammation, or chronic irritation. Should we not, therefore, attribute the coagulation of the blood to slight inflammation of the veins? This we know to be the ordinary effect of this inflammation; and the pain of which the first and second patients complained, strengthens this opinion. As I foresee many objections that may be urged to this doctrine, I suggest the idea merely as a conjecture. Whatever may be the origin of this alteration of the blood, the coagulation generally first occurs in the iliac vein, or the commencement of the crural: when once this point is obstructed, the blood coagulates gradually in all the collateral branches. An attentive perusal of the preceding cases, and the state of the blood in different points of the veins, can leave no doubt upon this subject.

The six cases related may appear insufficient to confirm the pathological doctrines advanced in this paper, if there were not many others of a similar nature : I should, therefore, mention, that the above are selected from twenty similar cases, two thirds of which I have omitted, either because they were deficient in important facts, or were merely a repetition of the others. In cases III. and IV. no particular appearances were found in the veins of one of the limbs, which was nevertheless very œdematous : here the infiltration was secondary, and of that kind which almost always takes place towards the fatal termination of chronic maladies, in consequence of a languid circulation of blood.

II.

DEATH FROM DIGITALIS AND VENESECTION.

By S. B. Smith, M.D., Surgeon, U. States Army.

Science loses an interesting portion of the labor of physicians, because records of the salutary influence of medicines only, are extensively promulgated ; whilst the generous, but unavailing efforts to arrest destruction, criminal ignorance or neglect of duty, and above all, the baneful tendencies of known or experimental remedies, are, for the most part, sedulously concealed.

Acting upon a different principle, I record the painful fact, of a man's having been sent, by my agency, to his last account, before his allotted time ! This is no paradox ; he was destroyed at once, by the means intended for his benefit. Our profession regards ordinary instances of dissolution as unpleasant inconveniences, which are soon forgotten : but when death is hastened by visible means, impressions never to be forgotten are made upon the actors in the scene. In the case about to be related, these impressions were heavy upon me, and although the time is long since past, they are still green in my recollection. From observations made upon the destroying agent, since the period alluded to, I am inclined to believe that this lamentable curtailment of life was attributable, as much to the peculiar state of the sufferer, as to the positive quality of the poison. The facts which induced such a belief, are given, and the attention of practitioners invited to them. Their experience will confirm or reject my speculation. In either case the cause of humanity will be subserved.

W. Stillwell, a fifer in Major Thomas Biddle's company of artillery, stationed at Fort Mifflin, Pennsylvania, aged 20 years, returned from furlough on the 17th March, 1817, and on the 19th, he was brought to the hospital, the most finished object of debauchery I had ever seen in one so young. His face was preternaturally enlarged ; his cheeks, mottled with "whilks, and knobs, and purple fire," were protruded beyond the nose, which partook largely of the disgusting rosa of the cheeks. His eyes were dull and blood-stained, and a reddish-colored serum oozed from the corners of his purple bloated lips. In truth, he stood upon the verge of chemical decomposition. To these were added, irritable stomach, shiverings, yellow skin, swollen ankles, difficulty of breathing, incessant cough, pain in the chest, and confusion of intellect.

Two intentions were here to be answered; the first was to allay irritation, and the second to remove an obviously diseased state of the liver. The first was accomplished by warm baths, rest, opiates, and diet; and the latter by a protracted course of purgation, followed by gentle salivation. It required a hundred days and upwards to restore this loathsome mass to that state of health necessary to the discharge of duty. As has already been seen, this man was prone to beastly intemperance, and he would incur every privation, and indeed corporeal punishment, to indulge in the use of ardent spirits. With a view to avoid observation, and to drink undisturbed, he pretended business in Philadelphia, and as there was much music in the garrison, he was permitted to be absent eleven days, toward the close of July. It was evident, at his return, that he had spent his time in exclusive dissipation. On the 5th of August, he was reported sick with the "horrors" of the soldier. This means, deadly sickness of stomach, constant retchings, and universal shivering. To counteract these, he was ordered a warm bath, free opiates, and brandy toddy. On the 6th and 7th, his cough was without intermission. There was great difficulty of breathing, and considerable pain in the chest; the pulse was so confused as to resemble a convulsion. With too little reflection, I prescribed three grains of digitalis, to be divided into four equal parts, all of which were given in the course of the day. In the evening, soon after taking the last dose, he was reported to be very ill. I found him in deep coma, with dilated pupil, stetorous breathing, a rapid, weak, intermitting pulse, and occasionally convulsed. He was instantly bled, and after taking opium, camphor, and ammonia, he was placed in a warm bath. The blood drawn was almost black, but after an interval of two hours, as the adverse symptoms still continued, he was again bled and placed in a warm bath. The pulse suddenly sunk, and after a few short spasms, he expired, thirteen hours after taking the first dose. A careful examination of the body too truly informed me how the sudden death was accomplished. The energy of the brain and heart, or sensorial power, had been completely overwhelmed in a few hours by the activity of a poison unnecessarily administered. Although no part of the body could be said to be absolutely free from disorder, yet there were no appearances that could warrant so disastrous a termination. The internal head alone gave decisive proof of great morbid action. The brain and membranes were loaded with purple black blood, which was obviously the cause of coma, and possibly of the convulsions; of the latter, however, reasonable doubts must exist until a sufficient number of dissections shall determine whether this state of the encephalon always follows the over use of narcotics. Death from this class of medicines is always preceded by coma and spasms; but these latter take place so soon after their exhibition, as almost to exclude the belief of their being secondaries. This patient had no symptom of brain disease on the morning of the day of his decease, and the steward who gave him his medicine informed me that he had no complaint until after taking the third dose, when he had sickness of stomach and dizziness, and said that he could not see distinctly. Had this been reported to me, this poor inebriate might have been spared a little longer, perhaps, to repent of his evil ways. His irritable pulse, languid absorbents, cough, and anhelation, were merely so many expressions of nervous exhaustion, which proper diet, quietude, and opiates, would have removed in time, had I only permitted my usual perceptions to have operated in his favor.

In the seven succeeding years, I employed digitalis several times in diseases which originated from, or which have been aggravated by intemperance. It uniformly induced some unpleasant effects, and was necessarily abandoned for less dangerous remedies. I was compelled to admit, that this violent medicine was particularly obnoxious to that state of nervous irritability and exhaustion consequent on long protracted intemperance, and that it should be cautiously employed with a drunken soldiery. It was not, however, until the close of the year 1824, that I became fully satisfied that the practice with such a class of men was to be abandoned. In the summer of that year, almost every individual in the garrison and vicinity of Fort Mifflin was afflicted with some form of bilious disease, and many of them were of malignant character. An unusual number of chronic diseases followed, and among those in garrison were eight cases of dropsical effusions from congestions. Five were ascites, two hydrothorax, and one in which both forms were combined. All these patients were intemperate, save one (a woman), which rendered their treatment tedious and embarrassing. I used the digitalis in every case, but it proved decidedly hostile to all but the woman, who had ascites. Combined with cremor tartar and iron, it cured her in a surprising manner; but as often as it was attempted in either of the other cases, symptoms obnoxious to safety occurred. Two of the men were absolute drunkards, and the digitalis exerted an influence particularly pernicious to both;—such as cold sweats, virtiginous whirls, dilated pupil, and sunken pulse. One of them died, and his exit was certainly hastened by its use. The others were intemperate, although not strictly drunkards, and with them I persevered in its use; but nervous tremors and cold debilitating sweats admonished me that I was driving them to death. I have a patient now with ascites, from enlarged viscera, of long standing, caused by bilious fever of a southern climate, and aggravated by intemperance. I have three times given him the fox-glove in light doses, combined with aromatic infection, but loss of appetite, night sweats, and diarrhœa, invariably followed its adoption. I have another soldier with strumous pulmonary inflammation, who has abused his constitution with the use of ardent spirits; in him also the digitalis caused vertigo, cold sweats, and diarrhœa, although prescribed with great caution, and combined with opiates.

Our profession is one of distress, and requires an uncommon philosophy, or a brutal insensibility, to sustain the perpetual demand made upon our sympathies; but no part of my practice has been more irritating and perplexing, than patiently to wait upon the mixed disorders which are based upon rum. The weakness of humanity is here in its last state of degradation, and while we anathematize the destroying cause, we are unable to abandon the victim. A double misery is pressed upon us as men, and the profession is rebuked because of its insufficiency to restore an exhausted constitution! It is hard that day by day and night after night we are compelled to "alleviate the pain inseparable from existence, and to soothe the sorrows allied to humanity,"—but it is absolute cruelty, when we know that these pains and these sorrows are inflicted by profligate vice. I have labored with unceasing assiduity to fix upon some means by which to counteract the desolating powers of ardent spirits, but can find none. The accursed "hair of the same dog" must be given to the violator of reason, of honor, and morality, until death removes him from our sight.

New York Med. Journal.

III.

CASE OF MALIGNANT PHAGEDENIC ULCER.

By Amos Pollard, M.D., N. York.

I was called on the 8th of August, 1829, to attend Mrs. M—, whom I found suffering from an inveterate ulcer on the right leg, anteriorly midway, and extending deep between the bones. Likewise two of a more superficial character; one situated on the middle and outward part of the right thigh; the other on the gluteus-maximus muscle of the same side. She complained of excruciating pain at intervals, principally in the foot and ankle, attended with some degree of lameness. The ulcer on the leg, (which was about the size of a dollar,) presented a ragged edge, was partly filled with a dark-colored, striated, putrid mass, from which a black sanious matter was continually discharging. The other sores presented a different appearance; were each of the size of the palm of the hand; the skin ulcerating in fistulous holes, surrounded by a dark purplish areola, and appeared fast extending. Mrs. M. is an English woman, of a good habit of body, and has borne ten children. She was attacked with inflammation and swelling of the leg, which terminated in this species of ulceration, only two weeks after her last confinement, eleven years ago, during all which time (except a very short interval), the ulceration of the leg has existed; frequently changing its location, healing in one place, and appearing in another. The leg, on the outer and back part, presented the appearance of one continued cicatrix. The fleshy bellies of the gastrocenemii muscles were greatly diminished. The ulcers on the thigh and hip were only of about six months' standing. She states, in her history of the case, that she was treated in the first instance with blisters applied directly to the inflammation and swelling, which, however, did not prevent suppuration; and from thence may be dated the origin of the ulceration. She had been attended at different times, by several eminent surgeons of Dublin and elsewhere; who appear, nevertheless (by her statement), to have pursued a *pro-re-nata* treatment, for the most part, of emollient poultices and detergent washes and ointments. However, the ulceration progressed, as above stated, till her voyage to this city operated a change in her constitution, and the ulcer healed. It remained sound, however, a very short time, when the ulceration again commenced with increased violence, and extended to those other parts above mentioned.

My treatment of this case was very simple, consisting internally of the ordinary decoction of sarsaparilla and guaiacum, to which was added a small quantity of corrosive sublimate, according to the following formula :—

R. Rad :—Smilacis Sarsaparillæ,
Ras :—Ligui Guaiai. āā ℥ iv.
Hydrargyri-per-chloridi grs. iii.

The dose of a decoction of three pints, being a half gill, three times per day ; which my patient took regularly and constantly during eight months, at the same time using a mild but nutritious diet. The local treatment in the first instance consisted of the frequent application of the lunar caustic, a free use of aqua-phagedenica, or yellow wash, and the constant application of a flannel bandage, extending from the toes to the hip ; the ulcers being covered with simple cerate. I continued this treatment six months, with little apparent benefit, when the caustic and wash were exchanged for the liquor potass. arsenitis, and the simple cerate for the ungt. stramonii, which in the course of a month (in conjunction with the decoction internally), produced evident and beneficial changes. The discharge became of a thicker consistence, approaching to the healthy pus. The ulcers began to contract, and in eight months they were perfectly healed, and my patient has since continued in uninterrupted health. She pursued, however, a desultory use of the decoction for several months longer. I have used both the above preparation and the panacea of Swaim extensively for several years, and my experience is in favor of the simple decoction, on account of its cheapness ; for I have ever been able to produce every remedial effect that I ever saw accrue from the use of that celebrated nostrum. My experience will warrant me in asserting, that it is capable of effecting all the remedial changes in the human system, which are so generally ascribed to that QUINTESSENCE of quackery, *Swaim's Panacea*, so universally celebrated in our civilized community.—*Ib.*

MEDICAL JOURNAL.

BOSTON, NOVEMBER 8, 1831.

THE LONDON UNIVERSITY—REMOVAL OF MR. PATTISON.

No accurate observer of the events which have interested the medical world the last five years, can view with indifference the slightest symptom of an unfriendly feeling among those of the faculty, whose lot has fallen to them in the same place or vicinity. Personal animosities and jealousies, clashing interests, and an undue emulation among neighboring physicians, are equally destructive to the peace and honor of those concerned, and to the general estimation and usefulness of the profession. Influenced by a high and honorable feeling, governed by the noble ambition of promoting the advancement of medical science, and elevated above the low and grovelling jealousies which have distracted medical society abroad, the faculty in this country have certainly taken the high-ground of their transatlantic brethren. Whilst the latter have spent their time and strength, lost their temper, and ruined their happiness, in preferring and repelling petty charges of a personal nature, and afforded, sometimes for the amusement, and at others for the disgust of the public, the spectacle of a contentious brotherhood, we have fortunately escaped these quicksands, and urged forward in the direct and quiet course of medical improvement. It is to be hoped, that the good feeling and liberal spirit which now prevail, may never be interrupted by the intrusion into our ranks of any narrow minded partisan, or insidious disorganiser. The medical profession has no more deadly foe than party spirit. "It converts halls, dedicated to the innocent and peaceful cultivation of learning, into arenas of gladiatorial and vindictive combat; substitutes selfish and grovelling jealousy in the stead of a noble and generous emulation; destroys the uninterrupted friendship of years, and the sacred sympathies of a common pursuit. It sacrifices both personal and professional dignity, at the unhallowed shrine of temporary interest."

Among reasonable men, there are few, if indeed there are any, reasonable ends, which may not be accomplished in a friendly and peaceable manner; and any designs of a different character, it were better should not be effected at all. Violent and public measures, therefore, are prima facie evidence of their own unreasonableness, as well as of the narrow views of those who rashly resort to them; and there are few cases on record, in which such evidence has not, in the end, been confirmed.

We have been led to these remarks by the course pursued by the Council of the London University, in relation to several of its professors. The high hopes entertained at the opening of this institution, of its future usefulness, have been thus far disappointed. It appears to have been the source and scene of numerous and disgraceful disputes, involving the character and claims of distinguished men, and highly derogatory to its governors. The course pursued by the Council has been most remarkable. They have been governed, so far as published facts, and even their own statements enable us to form an opinion, by the whim and caprice of the pupils, instead of the principles of honor and justice. In consequence of these strange proceedings Mr. Charles Bell was induced to leave the institution, and in him departed one of its ablest professors and most powerful supporters. They have come very near losing the services of Dr. Lardner, the able editor of the Cabinet Cyclopedia, a work which circulates in England more widely perhaps than any other in the language, and is justly, and with much avidity, sought after and perused in this country. But of all the acts of that assembly, the recent removal of Professor Pattison is certainly the most astonishing. The same letter which informs him of his removal from the professorship, explicitly declares the belief of the Council in his unimpeachable character, and professional knowledge and ability. Having had the misfortune to be unpopular among the students, who, conscious, without doubt, that they had the control of the institution, seemed inclined to exercise their power at all hazards, Mr. P. paid the forfeit of his unpopularity by the loss of his chair. We cannot but attribute the disgraceful proceedings,—of which this is the latest,—that have occurred at the University in question, to the social state of the faculty in England; and it is subject of sincere regret, that members of a *liberal* profession, striving in a common cause—the cause too of science and humanity—should indulge in such personalities, and expose them so freely to the public, as have our brethren of the great metropolis of Great Britain.

With regard to Mr. Pattison, however ungrateful to his feelings may be these proceedings, he will doubtless suffer little in any other way, in consequence of his removal. He will escape scenes which must be extremely disagreeable to him, and if we may be allowed to judge from the testimony of the "Council," his talents and abilities will insure him a high rank and place in any medical institution. He has indeed already received an invitation to the chair of Anatomy, in Jefferson College, at Philadelphia, where he is personally and professionally known.

SKETCHES OF THE HISTORY OF MEDICINE.

4. *Chiron and his Disciples.*—Homer, in his account of the Trojan war, the earliest classic we possess, makes us acquainted with the degree of skill which had been acquired at that period in the treatment of disease, and with the names of those who were celebrated for their proficiency in the art. Chiron, from whom many of these medical heroes claimed their descent, and others professed to have derived their knowledge, was an inhabitant of Mount Cithræon, in Thessaly, and flourished before the Expedition of the Argonauts. He belonged to the race of the Centaurs, who are represented in poetry and sculpture as a race of monsters, half man and half horse. The origin of this fable is not distinctly known. The explanation which refers it to the skill in riding, possessed by the mountaineers of Thessaly, which gave to the inhabitants of the vallies the impression of a supernatural appearance, is adopted by many writers, but is not of very high antiquity. The fable itself is attributed by Galen to the poet Pindar. The Centaurs of earlier authors are not monsters, but a savage people inhabiting the mountains of Thessaly, among whom Chiron was particularly distinguished. When this people were vanquished by the Lapithæ, he retired to Malea, and died of a wound he received from one of the arrows of Hercules, which had been dipped in the blood of the Lyrnæan hydra. As the wound assumed a malignant character, and became incurable, ulcers of this sort were after called chironean, and the plant with which Chiron attempted to cure himself received the name of chironea or centaureum.

Most of the early Greek heroes acknowledge Chiron as their master in every branch of human knowledge. Among his disciples are reckoned Esculapius, Nestor, Meleager, Theseus, Ulysses, Castor, Pollux, Æneas, Achilles, and many others. He employed medicinal plants with so much skill and success, that he is regarded by many as the inventor of the art of healing. Divine honors were paid him after death.

In the Homeric poems, Achilles is the most celebrated of all the pupils of Chiron. His friend Patroclus applied to the wounds of Eurypylus drugs whose use he had learned from Achilles. "After washing the part in warm water, he removed the black blood with which it was covered, and then applied a bitter root, of healing power, which he had bruised in his hands. In an instant the pain is assuaged, the blood ceases to flow, and the wound dries up." The root thus applied is stated by the scholiasts to have been the millefoil or aristolochia, which is now known by the name of Achillea.

The most famous, however, of the disciples of Chiron, and perhaps the most celebrated name in the history of medicine, is Asclepius or Esculapius. The accounts of his birth are various and contradictory. Ancient authors agree in making him the son of Apollo, but by whom is uncertain. Like the other heroes above mentioned, he was instructed by Chiron in all the arts, but especially in that of curing external disease. With regard to internal affections, it does not appear that their study or treatment formed at that time an object of attention. The skill acquired by Esculapius was therefore probably limited to dressing and curing wounds with herbs fitted for arresting hemorrhage and relieving pain. Plutarch tells us that the practice of the ancient Greeks was limited to the employment of these means. Pindar describes in the same manner the method of Esculapius. His skill was principally displayed in the treatment of old ulcers and recent injuries. His remedies were agreeable drugs, diluents, external applications, and incisions. The accounts of the death of Esculapius are as various as those which regard his birth. According to the most ancient tradition, he was killed by Jupiter, at the request of Pluto, who complained that his kingdom was no longer furnished with subjects.

His two sons, Machaon and Podalirius, were among the Grecian heroes at the siege of Troy, and equally distinguished for their valor in the field, and their skill in curing the wounds of their companions. They acquired, in fact, by this means, so high a reputation, that they were excused from other military duties, and permitted to devote themselves to the practice of their art. By some of the scholiasts and Homer, it is asserted, that they divided between them the departments of medicine and surgery; but it is not proved that either employed any internal remedies. After the Trojan war, Machaon passed the remainder of his life in Messenia. He was at last slain by Erypylus, son of Telephus.

Podalirius, at his return from Troy, was thrown by a tempest upon the isle of Scyros or Nisyros, where he landed safely. From this he found his way into Caria, of which country Democritus was then king. Having made himself known at the court of this prince, he at once proved his medical skill by curing the daughter of the king, who had been greatly injured by falling from a building. He bled her in both arms, and succeeded in restoring her to health, although her recovery had before been despaired of. In token of his gratitude for this benefit, Democritus offered to Podalirius his fair patient, and with her a large part of Caria as dowry. The story possesses considerable interest, as it is the first account we have of the practice of venesection. The history of Podalirius is, however, related in different ways.

The name of Hercules deserves a place in medical history. Though it does not appear that this hero practised the art of healing, yet his benefits to mankind caused him to be revered. Many of his labors were of a nature to avert disease, and promote the welfare of mankind. We know that in Attica he was worshipped under the name of Alexikakos, because he had caused the cessation of a pestilence. He also checked the progress of an epidemic which ravaged Aulis, by turning the course of a river, and in consequence received in this country the name of Soterios. The name of Herculean disease has been given to epilepsy, but whether from its severity, or because this hero was affected by it, is not ascertained.

MEDICINAL EFFECTS OF OXYGEN.

A RESPECTABLE physician of London has given us two cases of the administration of oxygen gas as a remedial agent, which deserve the attention of the faculty. One of these evinces the power of this gas over the organs of voice, and both tend to confirm the opinion of its general influence as a tonic. Mrs. S. who was the subject of the first, had long suffered from an entire loss of voice, a complaint not at all uncommon, and which frequently baffles great skill in treatment. She was of nervous temperament, and had been many years subject to distressing spasmodic affections, requiring the frequent use of opium in large doses. In about a month after commencing the use of oxygen, diluted with three parts of atmospheric air, the general health began to improve. Her nervous attacks became more rare, her countenance and strength improved, the voice began to be heard, and at the expiration of five months, its tone became natural, and its power as great as before her illness.

The other case was one of great debility from protracted disease of the eyes, and the confinement, despondency, &c., consequent on its unsuccessful treatment. After a few weeks inhalation of the diluted oxygen, her sleep returned, her spirits rose, her countenance and health improved, her pulse became less feeble, and the blood taken from the vicinity of the eyes, from an almost watery transparency, became of its usual florid color.

The invigorating effect of oxygen on the system has been fully confirmed by past experience, but its special power of giving strength to the organs of the voice is not so generally known. The celebrated Mrs. Siddons was in the habit of availing herself of this agent when preparing to charm a London audience. After inhaling six quarts of oxygen mixed with twice the quantity of atmospheric air, her lower tones were distinctly heard at the distant parts of that immense house, the Covent Garden Theatre; and her strongest efforts were not followed by that exhaustion, sometimes amounting to syncope, which at other times followed them. Mr. Melrose is said to have adopted the same expedient, and to have been able, by the agency of this gas, to raise his voice one or two notes higher than he could do without it. Other instances are on record, in which the same agent has been successfully employed by vocalists, to increase the scope, and give additional vigor to the voice. It is said, also, that clergymen in England have tried this experiment, and the happy effects of it been noticed by their hearers.

We are not aware of any case in which oxygen has been used in this country in the cure of disease. Should suitable cases offer to any of the faculty, we trust they will not be behind their transatlantic brethren in bringing to the aid of their patients this valuable discovery of modern science.

LECTURES ON CHEMISTRY.

Dr. Hanaford, of this city, has just published a small duodecimo, containing a series of lectures on Chemistry, in popular language. He appears to have brought into a small compass most of the facts in this science useful to be known by people in general; and either as a substitute for attendance on lectures, or as an associate means for familiarising oneself with this highly interesting branch of education, the work of Dr. H. well merits perusal and study.

Attached to these lectures, are directions for performing experiments with a small apparatus, and a series of questions on the subject of each lecture, by which two persons pursuing the study together may examine each other thoroughly and systematically, and thus fix more strongly in the mind such facts as ought particularly to be remembered. We cordially recommend this little work, not so much to the professional student as to the general reader, and those who wish to acquaint themselves with the science in an easy and agreeable manner, and at little cost either of time or money.

RESIGNATION OF DR. PHYSICK.

Dr. Physick has resigned his Professorship of Anatomy in the University of Pennsylvania.

Expected Publications.— Carter & Hendee will shortly publish the "Introduction to the Study of Human Anatomy, with Illustrations, by James Paxton, with additions by an American Surgeon," which we announced as in preparation some months ago. Also, "An Essay on Demonology, Ghosts and Apparitions, and Popular Superstitions in general, with numerous appropriate Anecdotes. Also, an Account of the Witchcraft Delusion at Salem, in 1692. By James Thacher, M.D."

Chlorine an antidote to prussic acid.—By dropping prussic acid upon the eyes of three dogs and dividing the symptoms into three stages—1, uneasiness—2, tetanus—3, interrupted respiration, the experimenters, Persoz and Nonant, found that chlorine applied at these three different stages produced, in the first stage, immediate relief; vomiting and alvine discharges occurred, and the animal in half an hour was as lively as at first. Applied at the second stage, the restlessness continued a while, as also the convulsive movements, &c., as before, and at the end of an hour the animal was perfectly well. The same two dogs being treated the next day with the same quantity of prussic acid, without chlorine, died in a few minutes. In the third case, before the chlorine was applied, the respiration had ceased for twenty-five seconds, and the animal was rapidly perishing. The chlorine recalled it to life, and ultimately restored it to full vigor.

Afterwards two dogs of equal strength were taken, the crural veins laid bare and separated from the accompanying nervous fibres, and then a drop of prussic acid was put upon each vessel; the effects were instantaneous,—a few drops of a solution of chlorine were let fall on one of the crural veins—the other animal was left alone. The first was immediately recovered as it was injured; the second died directly. The first felt no inconvenience, after some hours, except from the wound. Endeavors were then made to kill him, by putting prussic acid upon the eye, and upon the crural vein of the opposite side; but the animal only felt a temporary inconvenience, and a few convulsive movements, and was very quickly at ease. Chlorine, then, previously administered, is an effectual antidote to prussic acid.—Chlorides of lime and soda were found to possess no corresponding powers, but were quite inert as antagonists to the hydro-cyanic acid.—(Ann. de Chimie.)—*Jour. of Royal Inst.*

To make Sealing Wax. — Those who use large quantities of sealing wax may find it economical to make it, which is very easy. Take equal weights of gum lac, vermillion, and pure Venice turpentine. Melt them over a gentle heat, and stir them well together. Take a detached portion of the mass, and roll it with the hand upon a plate of copper slightly heated; or rather it may be cast in a mould made on purpose, of plaster, of horn, or of copper. Instead of vermillion, other colors may be used, according to the tint which it is desired the wax may have.—*Jour. de Connois. Usuelles, Sept.* 1831.

Whole number of deaths in Boston for the week ending October 28, 37. Males, 17—Females, 20.

Of typhous fever, 2—lung fever, 7—suicide, 1—old age, 1—fever and ague, 1—mortification, 1—fever, 2—unknown, 4—throat distemper, 1—brain fever, 2—debility, 1—child-bed, 1—croup, 3—infantile, 2—dropsy on the brain, 2—convulsions, 1—drowned, 1—scarlet fever, 1—hooping cough, 1—consumption, 1.

ADVERTISEMENTS.

BROUSSAIS ON INFLAMMATION.

THIS day received by CARTER & HENDEE, History of Chronic Phlegmasiæ, or Inflammations, founded on Clinical Experience and Pathological Anatomy, exhibiting a View of the Varieties and Complications of the Diseases, with the various modes of Treatment. By F. J. V. Broussais, M.D., "Knight of the Royal Order of the Legion of Honor," &c. &c. &c. Translated from the French of the 4th Edition. By Isaac Hays, M.D., and R. E. Griffith, M.D., "Members of the Academy of Natural Science," &c. In 2 vols. 8vo.

THE BOSTON MEDICAL AND SURGICAL JOURNAL
IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,
At 184 Washington St. corner of Franklin St., to whom all communications must be addressed POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

Vol. V.] TUESDAY, NOVEMBER 15, 1831. [No. 14.

I.

SKETCHES FROM THE BIOGRAPHY OF SYDENHAM.

This great man effected a real revolution in physic, and no one ever had a more just claim to the title of a restorer of true medical science. But his was the triumph, not so much of transcendant genius, as of good sense over vague hypothesis: to him the praise belongs of having been an accurate observer, who, endowed with great sagacity, conducted his researches with skill, and was guided by a sure method in all his investigations. In a word, no physician ever exerted so beneficial an influence over that branch of the art, to which all others are subservient, viz. its practical application. His claims to our admiration will appear the greater, if we reflect for a moment that he lived at a time when chemistry, and the sect of the mathematical physicians, were in the highest vogue; and pause to consider the difficulties which he must have encountered, when he recommended to his countrymen to follow the footsteps of nature and experience.

Thomas Sydenham was born in the year 1624, at Wynford Eagle, in Dorsetshire, where his father, William Sydenham, Esq. had a large fortune. The house in which he was born was formerly a considerable mansion, but it is now converted into a *farm-house*, and stands on the property of the present Lord Wynford.

Under whose care he was educated, or in what manner he passed his childhood—what youthful discoveries he made of a genius peculiarly adapted to the study of nature—what presages of his future eminence in medicine he afforded—no information is to be obtained. That he gave some early indications of talent can, however, scarcely be doubted, since it has been observed, that there is no instance of any man, whose history has been *minutely* related, that did not in every part of his life discover the same proportion of intellectual vigor. At the age of eighteen, he was entered a commoner of Magdalen Hall, Oxford, in midsummer term 1642, but left the university as soon as it became a garrison for Charles I. Now the battle of Edge Hill was fought in the month of October of that year, and a few days afterwards the king retired to Oxford. At this distance of time, it is curious to speculate whether the young Sydenham, a freshman at college, could by any possibility have become acquainted with the great discoverer of the circulation of the blood, then in attendance upon the unfortunate monarch: probably not. It is certain they espoused different sides in politics: for while Harvey was a staunch royalist, Sydenham joined the army of the Parliament, though he spent a few years only in the camp, and never attained a higher rank than that of captain. His ultimate choice of a profession was determined by an accidental acquaintance with Dr. Coxe, a physician eminent at that time in London, who in some sickness prescribed for the brother of Sydenham, and, entering into conversation with him, inquired what walk of life he designed to follow. The young man answering that he was undetermined, the doctor recommended physic to him, and his persuasion was so effectual, that he returned to Oxford, for the purpose of enjoying leisure and opportunity to pursue his medical studies. Here he employed himself with diligence; and was created bachelor of physic, April 14, 1648, at the visitation of the university by the Earl of Pembroke.

It is not true, therefore, as has been asserted by Sir Richard Blackmore, that "he was made a physician by accident and necessity, without any preparatory discipline, or previous knowledge, and that he never designed to take it up as a profession, till the civil wars were composed, when, being a disbanded officer, he entered upon it for a maintenance." Sir Richard, after hazarding these assertions, tells us in proof of them the following story :—"When one day I asked Sydenham to advise me what books I should read, to qualify me for practice, 'Read Don Quixote,' replied he, 'it is a very good book, I read it still.' So low an opinion," continues the knight, "had this celebrated man of the learning collected out of the authors, his predecessors." Upon this story it has been shrewdly remarked, "That Sydenham recommended Don Quixote to Blackmore, we are not allowed to doubt; but the relater is hindered by that self-love which dazzles all mankind from discovering that he might intend a satire, very different from a general censure of all the ancient and modern writers on medicine, since he might, perhaps, mean, either seriously or in jest, to insinuate that Blackmore was not adapted by nature to the study of physic, and that whether he should read Cervantes or Hippocrates, he would be equally unqualified for practice, and equally unsuccessful in it." Thus does Johnson repel the charge brought against Sydenham, of having commenced practice without previous study; but why it should be thought necessary to deny that he exercised his profession for a maintenance, does not seem very obvious; his father, indeed, may be allowed to have been a gentleman of plentiful estate, and yet the son require the emoluments of a gainful profession; and who has ever practised physic, and risen to any eminence in it, who has disdained to receive the reward of his skill and diligence?

About this time, Sydenham was elected a fellow of All Souls' College, and remained some years at Oxford, studying his profession, but he took his doctor's degree at Cambridge.

On leaving the English universities, he travelled to Montpelier, at that time the most celebrated school of physic, in quest of further information, and on his return to his native country, settled in Westminster, where he soon rose to eminence as a practitioner. In 1663, on the 25th June, when he was thirty-nine years of age, he was admitted a member of the College of Physicians of London. The biography of Sydenham is remarkably barren of events, more so, perhaps, than that of any other eminent physician, and it is only by perusing his works carefully, that one is enabled to pick up a few solitary facts illustrative of his private history. Of his published treatises, it has been said, that most of them were extorted from him by his friends, and several written by way of letter, to gentlemen who desired his opinion on any particular subject, or pressed him to make public what observations he had made.

His "Methodus Curandi Febres, &c." appeared for the first time in 1666, and the chapter on smallpox, which it contains, is extremely interesting, not only because it presents us with his novel method of treating the disease, but because it furnishes a most curious example of the caution with which he reasoned upon the cause or origin of that formidable malady. It has lately been asserted, that no hint whatever is to be found in the writings of Sydenham, that he thought the smallpox could arise from contagion; a trace, however, is discoverable in the treatise of which we are now speaking, that the idea had once crossed his mind, though he ultimately rejected it. To enlarge upon this very curious piece of medical literature would here be out of place; yet the general reader can scarcely fail to be surprised, that so obvious a property as the contagious nature of the smallpox should have escaped the sagacity of such a man as Sydenham. So however it was!

As to his practice in that disease, it is best explained in his own words—"I see no reason," says he, "why the patient should be kept stifled in bed, but rather that he may rise and sit up a few hours every day, provided the injuries arising from the extremes of heat and cold be prevented, both with respect to the place wherein he lies, and his manner of clothing." The rivals of Sydenham contended, that the whole of his treatment consisted in doing nothing, and that he made a great stir about what, according to him, might be comprehended in two words—*nihil agendum*. This opposition on the part of his medical brethren, together with the prejudices of mankind, threw many obstacles in the way of its general adoption, but its author foretold with confidence, and with truth, that, after his own death, it would prevail. The fact is, that though Sydenham lived in the first degree of reputation, enjoyed the friendship and acquaintance of many of the most eminent men of his day, amongst others, that of the illustrious Locke, and was in very considerable practice; yet he never possessed that overwhelming ascendancy and irresistible popularity which his immediate successor attained. Nor were the improvements of Sydenham fully appreciated by the world, till they were forced upon the notice of the public by Radcliffe, who, in this way, advanced the art of medicine much more than by any original discoveries of his own.

The part he took in the civil wars, and the politics of his brother, William Sydenham, who, under the Protectorate, obtained many high appointments, amongst others the post of governor of the Isle of Wight, might possibly have kept him out of favor with the court; in truth, he appears to have been desirous only of conscientiously doing his duty to the utmost of his power, and chiefly anxious to practise his profession in the most unostentatious manner. His distaste for popularity (for it could not be affectation in so candid a nature) may be inferred from these expressions, in the epistle prefixed to his chapter on the gout:—"I do not much value public applause; and, indeed, if the matter be rightly weighed, the providing for esteem (I being now an old man) will be, in a short time, the same as to provide for that which is not: for what advantage will it be to me after I am dead, that eight alphabetical elements, reduced into that order that will compose my name, shall be pronounced by those who come after me?"

At the commencement of his professional life, it is handed down to us by tradition, that it was his ordinary custom, when consulted by patients for the first time, to hear attentively the story of their complaints, and then say, "Well, I will consider of your case, and in a few days will order something for you." But he soon discovered that this deliberate method of proceeding was not satisfactory, and that many of the persons so received forgot to come again; and he was consequently obliged to adopt the usual practice of prescribing immediately for the diseases of those who sought his advice.

In 1668, a new edition of his Methodus, &c., appeared, to which was added a chapter upon the great plague of 1665. Sydenham observes, that some might think him rash and arrogant, for pretending to write upon this subject, as he was several miles distant from the city, during the greatest part of the time the plague raged, and therefore might be supposed not to be sufficiently furnished with observations: but "seeing that more skilful physicians, who bravely ventured to continue during so very dangerous a time, have not yet written upon that subject, he hopes that all good men will pardon him for publishing his opinion upon that dreadful national calamity." It seems that he remained in the metropolis till about the middle of June, 1665, about which time the plague raged so cruelly, that in the space of seven days it destroyed as many thousands in London. Then, being endangered by the near approach of the pestilence to his own house, at length, by the persuasion of friends, he accompanied the vast numbers of those that left the city, and removed his family some miles from thence.

Sydenham returned to London so very soon, and when the plague continued still so very violent, "that it could not be (he says with great modesty) but by reason of scarcity of better physicians, I should be called in to the assistance of those who had the disease." Thus he saw both the beginning and the end of this great epidemic, and he did not neglect to profit by his opportunities of observation.

From his treatise on the Gout, which has always been considered a masterpiece of description, we learn that he had suffered from the attacks of that painful disease during the greatest part of his life. In the dedication, which is to the learned Dr. Thomas Short, Fellow of the College of Physicians, he mentions, that while composing the treatise itself, he was so tormented with the gout, that he was unable to hold a pen, and was obliged to employ an amanuensis. It was written in 1683, and begins thus:—"Without doubt men will suppose that either the nature of the disease I now treat of is in a manner incomprehensible, or that I, who have been troubled with it thirty-four years, am a very dull fellow, seeing my observations about it and the cure of it little answer their expectations." With the graphic pen of one who has suffered the terrible martyrdom of this disease in his own person, he describes—"How the patient goes to bed and sleeps well till about two o'clock in the morning, when he awakes with a pain seizing his great toe, heel, calf of his leg, or ankle; it is at first gentle, increases by degrees, and resembles that of dislocated bones: towards the following night it reaches its height, accommodates itself nicely to the various forms of the bones of the instep, whose ligaments it seizes, resembling the gnawing of a dog, and becomes, at length, so exquisite, that the part affected cannot bear the weight of the clothes upon it, nor the patient suffer any one to walk hastily across the chamber. The severity of this first attack continues for twenty-four hours, when the sufferer enjoys a little ease, begins to perspire, falls asleep, and when he awakes finds the pain much abated, but the part swollen. The next day, and, perhaps, for the two or three following days, towards evening, the torture returns, but remits towards the time of cock-crow. In a few days, the other foot is destined to endure the same excruciating agony." Sydenham goes on to enumerate the catalogue of complaints that afflict the gouty person,—"till at last he is worn out by the joint attacks of age and of the disease, and the miserable wretch is so happy as to die." And here he makes the following moral observation:—"But (which consideration ought to be a comfort to others as well as to myself, who, though we are but moderately endowed with mental acquirements and the gifts of fortune, yet are afflicted with this disease) thus have lived, and thus at length have died, great kings and potentates, generals of armies, admirals of fleets, philosophers, and many other equally distinguished personages." With this cruel disease he contended from the early age of twenty-five; and he speaks of a fit with which he was seized in 1660, when he was only thirty-six, which was very violent, and continued longer than any preceding attack. He lay, continually, for two months, during the summer of that year, either in or upon a soft bed; and then, for the first time, began to feel the symptoms of an equally painful and distressing malady, the gravel." In 1676, after the breaking up of a great frost, and having walked much, and for a long time, he suffered a very severe paroxysm; and the symptom which alarmed him recurred as often as he rode in a coach along the paved streets, though the horses went gently.

This complication of disorders made it very necessary for him to be attentive to his diet, which he regulated, as he informs us, after this manner:—"In the morning, when I rise, I drink a dish or two of tea, and then ride in my coach till noon*; when I return home, I moderately refresh myself with any sort of meat, of easy digestion, that I like (for moderation is necessary above all things); I drink somewhat more than a quarter of a pint of Canary wine, immediately after dinner, every day, to promote the digestion of the food in my stomach, and to drive the gout from my bowels. When I have dined, I betake myself to my coach again; and, when business will permit, I ride into the country, two or three miles, for good air. A draught of small beer is to me instead of a supper, and I take another draught when I am in bed, and about to compose myself to sleep."

---

* At the present time, no physician thinks of leaving his home before the hour that Sydenham was returning from his round of morning visits to his patients.

The treatise from which this extract is made, was the last published in his lifetime, and he concludes it, by observing, that he has now given to the world the sum of all which he had hitherto known concerning the cure of diseases, up to the day on which he wrote it, viz., to the 29th of September, 1686. His work, entitled *Processus Integri*, the compendious result of all his practical experience, was published after his death, and has been generally considered to have settled the question, as to whether he wrote his treatises in English, and procured them afterwards to be translated into Latin. This posthumous work exhibits so much classical learning, that Dr. Johnson (no mean judge in these matters) pronounces Sydenham to have been well versed in the writings of antiquity, more particularly in those of the great Roman orator and philosopher, whose luxuriance of style he appears to have endeavored to imitate.

The gout and the stone were distempers which even the art of Sydenham could only palliate, without hope of a cure; but if he has not been able, by his precepts, to instruct us how to remove them, he has at least left us his example how to bear them; he never betrayed any indecent impatience or unmanly dejection under his torments—on the contrary, supported himself by the reflections of philosophy and the consolations of religion; and in every interval of ease applied himself to the assistance of others with his usual assiduity.

After a life thus usefully employed, he died at his house, in Pall Mall, on the 29th of December, 1689.

II.

ON THE PROPERTIES OF THE GARDEN SAGE.

By the Right Hon. SIR JOHN SINCLAIR, BART. author of "The Code of Health."

THE writer, who had long been troubled with swellings, and even ulcerations in his throat, which for years he had not been able effectually to remove, resolved at last to try the effects of using a lotion of one-third verjuice, (the juice of the crab-apple,) and two-thirds cold water, with a view of strengthening the throat against the effects of cold weather. He applied it to the outside of the throat, by rubbing it in with a piece of flannel. Against sore throats arising from cold, this remedy proved highly beneficial; but still he found that the uvula and parts adjacent would often swell and become inflamed, though they did not ulcerate. These swellings were accompanied with defluxion.

Being convinced that all this proceeded from the stomach, he resolved to try the effects of "sage tea," of the virtues of which he had long entertained a favorable opinion; and to his great satisfaction he found, by using it, not only that the swelling and defluxion disappeared, but that the stomach was brought into so healthy a state, that a whiteness on the tongue, with which he had been previously troubled, was removed. In every other respect, also, his health was materially amended. He only took a wine-glass of sage tea occasionally, and about a pint in the day. He considers it to be one of the most valuable of stomachic remedies, and that the old praises in favor of sage, (when it is properly used,) are not exaggerated. Indeed he is convinced, if these hints were properly attended to, that complaints in the throat, and in the stomach, would be oftener removed than they are at present, and that the health of multitudes would be greatly improved.

Sir John has appended to his communication the following letter from Dr. Hancock :—

" Sir,—I am gratified to find that any humble contributions of mine should have been noticed by so distinguished a votary of science, and friend of humanity, as Sir John Sinclair ; and that pleasure is much enhanced by the very interesting *Medical Hints* with which I am favored. It would afford me a real gratification to be acquainted with the learned author of *The Code of Health ;* from which work, in Demerara, I have, years ago, derived great pleasure and instruction, as well as relief from personal suffering,—by measures, strangely neglected by the sedentary and by invalids, as frictions, baths, and other means there indicated.

" I have long been convinced of the great value of sage, though ignorant of the uses you have indicated, in affections of the throat and stomach. Those Hints deserve special and serious attention from the faculty, in these and various other disorders. I can readily believe its efficacy in dyspeptic cases ; and, considering their prevalence, it will clearly appear, how important it is to make universally known a boon of nature so valuable, and within the reach of every one. The plant, I am persuaded, well merits its name, if not the Latin distich inscribed to it. It is held in the highest estimation by the Spaniards, who call it by the same appellation. But you have not, Sir, as I with deference conceive, adverted to its paramount uses, which, indeed, appear to be little known ; for, taken freely, it is one of the best of febrifuges, especially in typhoid forms of fever, such as those in which the Angustura bark has also been found pre-eminent in South America. However treasonable it may seem, I confess my conviction, that this humble plant of our gardens, by simple infusion* as tea, is possessed of greater virtues than the quinine, drawn, by the most elaborate chemical process, from the bark brought from the Peruvian mountains. Quinine cures intermittent fevers. And sage will cure those malignant and pestilential forms of fever which the bark is found to aggravate. It is moreover an excellent remedy in dysentery and cholera morbus.

" The species and varieties of salvia are numerous, possessing, however, similar properties, differing in degree. A true species of this genus grows wild in the northern states of America, called frost-weed and cancer-root, being one of the most celebrated Indian remedies for the cure of cancer and other stubborn ulcers, by inward and outward use."

Gazette of Practical Medicine.

---

* The medicinal virtues of sage and rosemary chiefly residing in their essential oils, a preference should be given to an infusion of them, the essential oils being dissipated by boiling.—Ed.

III.

IDENTITY OF THE RUSSIAN AND THE INDIAN CHOLERA. DISTINCTION BETWEEN THE COMMON BILIOUS CHOLERA AND THE SPASMODIC CHOLERA.

By Dr. Hawkins, of London.

It will be necessary to afford some evidence of the connection between the epidemics, although few persons at present appear to entertain any doubts upon the subject. All the Russian Official Reports unite in showing that the disease is one and the same.

I believe that I may be allowed to state that Dr. Ashburner, of this metropolis, who has not only witnessed in others, but has suffered in his own person, the symptoms of the Spasmodic Cholera of India, declares that they are the same as those which have been described in Russia.* Dr. Russel, who has spent many years in India, and has had abundant opportunities of observing and treating the disease, delivered the same opinion on hearing the symptoms enumerated by Sir William Crichton. The Report of the Committee of Warsaw agrees nearly with the Indian accounts.

Dr. Searle, who has very recently published a work on Cholera (1830), has since travelled to Poland, in order to compare on the spot the European and the Indian Cholera. Although his opinion has not yet been made public, we understand that he has expressed in letters to some friends in England his decided opinion, that the disease is the same in India and in Poland. We trust that his observations on the subject will soon be published in detail.

According to Dr. Schnurrer, physician to the Duke of Nassau, who has lately published a work on this subject, the symptoms of the disease have offered scarcely any difference in any of the countries which it has visited. He describes the matter thrown off as resembling *rice milk*, or starch.

Dr. Riecke, who has also recently written a book on the same topic, believes that the disease is the same in all the distant journey which it has travelled. His list of symptoms agrees pretty nearly with those of Sir William Crichton and of Dr. Schnurrer.

M. Gamba, the Consul of France at Teflis, in Persia, in a letter to the eminent surgeon, Larrey, thus relates the features of the disease. Death ensued sometimes in seven or eight hours. The patient loses his perception: presently vomiting and purging ensue; he experiences violent colics and cramps: then an icy coldness seizes the limbs. This account, and that given by Mr. Cormick, may be easily compared with the symptoms in India, and again with the symptoms in Moscow, as described by Sir W. Crichton, and in Orenburg by Dr. Sokolow.

We perceive that nearly the same remedies have been everywhere adopted. In Persia M. Gamba informs us, that *bleeding*, *calomel*, *laudanum* and preparations of ether, were the medicines employed. Everywhere also the disease has committed its principal ravages amongst the poorer inhabitants, amongst those who are subjected to inclemencies of weather, who are compelled to use severe labor for their daily support; who obtain a scanty and often improper nourishment; who are lodged in damp and ill-ventilated abodes, and whose clothing is insufficient and seldom changed. The camp followers of our Indian army seem to have been most fatally affected by the epidemic; after them, in the gradation of suffering, follow the native troops; then come the English common soldiery, then the English officers, and, last of all, are found the civilians. Women appear less subject to it than men, and children less subject than adults. In Europe we perceive a similar order of exposure and liability. Everywhere in Europe the lower orders have been the chief sufferers; the number of remarkable persons and of nobility who have fallen victims has been extremely small; their names, indeed, might be easily enumerated. When such instances have occurred among the affluent classes, they might probably be explained by particular mental anxiety, or a state of predisposing bad health. The soldiers of the conflicting armies in Poland have been amongst the chief sufferers; we may easily imagine the privations to which they have been exposed. At Warsaw the Committee of Health announce, that very few persons of easy condition have been ill, and that the disease has expended its chief ravages on the poorer inhabitants of the low and thickly-peopled quarter of the city, which lies near the Vistula. At Riga, the sailors appear to have been most liable to the disorder.

---

* This gentleman and Dr. Keir, without any communication, both describe the skin of the sick, in India and in Russia, to resemble the cold slimy touch of a frog.

One of the first circumstances which strikes us in the history of this disorder, is the name it has acquired, the term *cholera* seeming to imply that it consists of a redundancy or depravity of the bile; whereas it appears that the secretion and excretion of the bile are entirely suspended, and that the matter evacuated by vomiting and purging is quite of a different character. This is an inaccuracy, however, into which the ancients, as well as the moderns, have fallen, and is best elucidated by Alexander Trallian. This ancient author describes three species of Cholera. In the most intense, there is no evacuation of bile; and he thinks the name might be more properly derived from cholades, an old Greek word used by Homer to signify the bowels, than from cholé, bile. In the species next in degree, however, he says there is a great discharge of bile, and being attended with excruciating spasms like the former, obtains the same name. The third species is a simple bilious diarrhœa, without the spasms. In the disease as it occurs in ordinary practice in this country, most commonly in the month of August, one of the most prominent symptoms is certainly the discharge of a large quantity of bile, and it seems to be the middle species of Trallian.

The common *bilious cholera* is a disease distinct from the *spasmodic* cholera. In India, as well as in Europe, the common bilious cholera is a disease well known, and not usually fatal. In the first, as the name indicates, the discharges are more or less colored with bile, and the general commotion of the alimentary canal seems to arise from a superabundance of bile thrown upon it. In the spasmodic cholera, on the contrary, the discharges are generally whitish, and no hope is held out of recovery until they acquire a bilious tinge.

The common bilious cholera is also sometimes epidemic. It seems to have prevailed epidemically in England in 1669, and with still more severity in 1676. It has been described by Sydenham ; and that severe bilious epidemic bears some affinity to the present epidemic of spasmodic cholera :—" vehement vomitings, and difficult and painful dejections of ill-conditioned fluids ; agony, and inflammation of the intestines and abdomen, cardialgia, thirst, a quick pulse, often small and unequal, heat and anxiety, nausea and colliquative sweat, spasms of the arms and legs, fainting, coldness of the extremities, and other symptoms of equal danger, which terrify the by-standers, and kill the patients in twenty-four hours."

During the year 1826, six patients were received into the general hospital at Hamburgh with the common bilious cholera, and only one died. During the eight years from 1816 to 1823 inclusively, one hundred and seven soldiers were received into the military hospitals of Malta, ill of the common bilious cholera, and only two died. The mortality, as well as the violence of the spasms, and the color of the discharges, all distinguish this affection from the more dreadful spasmodic one.

IV.

SINGULAR CASE OF ULCERATION OF THE LOWER PART OF THE URETHRA AND PROSTATE GLAND — SUPERVENING ON THE PASSING OF A BOUGIE.

By John C. Howard, M.D., Physician and Surgeon to the House of Industry at South Boston.

For the Boston Med. and Surg. Journal.

John Conden, aged 40, was admitted into the hospital Oct. 19th, at which time he complained of very severe pain, which, on examination, was found to be seated in the lower part of the urethra and prostate gland. I ascertained that he had suffered from a bad stricture, so that he was troubled in evacuating his bladder—that he consulted a physician, who said it would be removed by passing an instrument used for such purposes. The bougie was passed, and he was relieved —for his bladder was very much distended with urine which he could not evacuate. I found him very weak, and heard that he had lost large quantities of blood per urethra whenever he had inclination and attempted to pass water. Upon inquiring how much blood he had lost, he told me two quarts, which seemed to me incredible ; but the nurse showed me the urinal, and there were in it certainly three pints of blood. He was almost sinking, and would soon have died from this hemorrhage, had it not been checked by the administration of Acet. Plumb. grs. ij. Opii. i gr. every 8 hours. It was taken three times. I then directed for him

Bals. Copaib.
Spts. Nit. Dulc. āā ℥j.
Tinct. Camph. Opii, ℥ss. M.

A teaspoonful four times a day in flax-seed tea ; also to drink freely of decoction of slippery elm bark. He seemed to improve from this course, passed urine more freely, without much pain, and although at first highly colored, and mixed with blood, became in a few days more natural. Excepting debility, for he was exceedingly weak, he seemed decidedly better. To promote his strength, I prescribed Sulph. Quin. of which he took 4 grs. a day, and apparently with marked benefit. He occasionally complained of pain in the prostate gland and scrotum. On applying my hand, I found the lower part of the penis very tender, and considerably swelled; the scrotum was œdematous and exceedingly painful, having a shiny-red aspect, like what is seen in hydrocele. I ordered fomentations of Foliar. Papav. to be applied, and renewed every 8 hours until I should see him. The next day his scrotum had the same aspect, but the stomach was exceedingly irritable; he was troubled with continual nausea and vomiting. I directed a plaster of Oliver's cerate, with ʒij. of Gum Camphor, to be spread upon it, and this was applied over the epigastrium, and had the effect of quieting the stomach. His bowels being slightly costive, directed Ol. Ricini ℥j. Tinct. Camph. Opii ʒiij. a table spoonful; if it did not operate in four hours, a second. It operated favorably. The next day he seemed more comfortable, but there was no decided change in the scrotum. On my next visit, I observed a gangrenous spot as large as a cent, on the inferior surface of the scrotum. Aware of the dire portent of such appearances, I immediately ordered poultices made of recent charcoal, to be applied every 8 hours, and Tincture of Quinine ʒij. every two hours:—this course was strictly adhered to during my absence. The next day, much to my surprise, I found him living, although apparently in the last stages of existence:—the gangrenous spot on the scrotum had become much larger, and occupied the whole inferior surface; the face was pale and sharp, the eyes fixed and glassy, the evacuations were unconsciously ejected, and hiccough and cold extremities indicated approaching dissolution. He died that night.

Post Mortem Examination.

Feeling considerable interest in this case, and having an idea that the prostate gland had sustained injury from the passage of the bougie, I was most anxious to examine. The examination was made in the presence of two medical gentlemen, who had previously had an account of the case from me. I made a very careful dissection of the penis from the glans to the prostate. The upper part of the urethra was found perfectly healthy; but the lower part, an inch above the prostate, was in a shocking state of ulceration, which had extended through the prostate gland into the scrotum, which contained a considerable quantity of pus and urine. I passed the handle of my scalpel through the ulcerous hole from the bladder to the scrotum. I saw where the bougie met with obstruction in its passage; it was the prostate gland. Passing the prostate gland, and looking into the bladder, there were appearances which indicated old disease; the coats of the organ were an inch thick, and its inner surface was encrusted all over with a sort of lithic deposit. Leaving the bladder and following the course of the ureters, I examined the kidney, which was healthier than common in cases where the bladder is so diseased. The liver was unusually large, with mottled surface and brittle texture—in short, the drinker's liver.

This case is interesting and important, and it should caution physicians against the unguarded use of the instrument in cases of this description. I am aware that there are those who will say that it is an easy matter to pass the bougie to remove stricture of the urethra—but I apprehend those who express such an opinion, may have seen it passed, without having ever passed it themselves.

Boston, Nov. 12, 1831.

MEDICAL JOURNAL.

BOSTON, NOVEMBER 15, 1831.

SKETCHES OF THE HISTORY OF MEDICINE.

5. It is well known to those conversant with the mythology of the Greeks, that those heroes who had performed peculiar services for mankind, had temples erected to them, the ceremonies of which were confided to a consecrated body of priests. Esculapius, who was regarded as peculiarly the God of Medicine, had numerous temples both in Greece and Asia Minor. Of these, the earliest celebrated was that of Epidaurus, but that of Cos became afterwards the most famous. It was natural to a superstitious age to suppose that the disposition and the power which he had exhibited when among men, would still be manifested toward his faithful worshippers. The sick, therefore, repaired to the temple of Esculapius to be healed. Before it could be approached, however, it was necessary that the supplicant should be prepared by various means, and undergo certain processes essential to his purification. Among these, the most necessary were fasting and repeated ablution; the first was often ordered to be continued for three days in succession, but was for the most part regulated by the priests according to the circumstances of the case. It is evident how powerful were the means thus afforded, of reducing the vital force on the one hand, and of exalting the imagination on the other. There were circumstances, too, in the situation of these temples, which tended to impart a real virtue to the petition of the votary. Their situation was generally extremely salubrious, removed from all sources of unhealthy exhalations, and often in the vicinity of mineral waters of medicinal efficacy. It appears, indeed, that places possessed of these advantages, were always sought for in constructing these temples. In order to render the baths more effectual, the patients were submitted to various frictions and manipulations, practised by the attendants. At Pergamus, where there was a very ancient temple, a rude fleshbrush was employed; and when the patient, by this and other applications, was put in severe perspiration, he was plunged into cold water, on emerging from which, he was conducted to the temple in the midst of songs and acclamations.

The oracles of the god were generally given in dreams, suggested no doubt by the excited imagination of the devotee, but interpreted by the priests, who were thus enabled to prescribe such remedies as suited them. Many of these were trifling and absurd, and some were extravagant or impracticable. At a later period, orators, philosophers, and sophists, attended the temples, and aided the priests in their interpretations and prescriptions.

When the patients were cured, they offered in the temples votive tablets, on which were inscribed the character of the disease, and the ceremonies or medicines which had been directed for their cure. These tablets became valuable documents for later physicians, who collected from them many useful facts. Hippocrates, for instance, availed himself of them with much skill and judgment. Similar tablets were recently discovered in the island of the Tiber, where Esculapius had a temple, the origin of which belongs to Roman history. Some of these have been translated, and afford curious remains of ancient superstition. The following are specimens.

"Valerius Aper, a blind soldier, was directed by the god to take the blood of a white cock, with honey, and to make an ointment therewith, and rub it on his eyes for three days. And he saw, and came and publicly gave thanks to the god."

"Julian, who was affected with raising of blood, and was despaired of by every one, was ordered to come and to take from the altar the seeds of a pine apple and to eat them with honey for three days. And he was saved, and coming, gave thanks publicly before the people."

Another circumstance may be mentioned, which served to give importance to these temples, and to maintain the power and influence of the priests. When any one discovered a new remedy, which promised to be of importance, he engraved the formula for its preparation on the columns and the gates of the temple of Esculapius. Thus a celebrated antidote to the bite of venomous animals, discovered by Eudemus, was inscribed on the gates of the temple of Cos. A goldsmith gave to that of Ephesus, a medicament suited to certain diseases of the eye. In like manner, those who invented surgical instruments deposited them in the temples of the God of Medicine. One designed for extracting teeth was placed by Ecasistratus in the Temple of Delphos.

For the rest, it appears evident that the Greeks could make but little progress in medicine, while the prejudice against mutilating the bodies of the dead rendered dissection impossible. The rites of sepulture were regarded by them as the most sacred of duties. Indeed, their mythology taught them that the souls wandered on the borders of the Styx, without a resting place, until the body had been buried or committed to the flames. Hence, the importance attached by them to this mark of respect, and the severe punishment inflicted for its omission. It is well known that six generals, who had gained a signal victory, were condemned to death by the fickle Athenians, for not collecting the bodies which had fallen into the sea; and Chabrias, to escape a similar fate, deferred pursuing the victory he obtained at Naxos, while he paid the last duties to the warriors who had fallen.

MEDICAL USE OF SAGE.

We publish to-day some remarks by a celebrated Scotch Baronet, on the medical virtues of sage. They fell under our eye with peculiar force on account of several cases in which we had noticed unexpected amendment under various forms of low nervous febrile disorder, from the use of this simple vegetable. In Philadelphia, it is used, we understand, in the treatment of spasmodic diseases, and the celebrated powders, sold under the name of "Dr. Physick's Epileptic Powders," are composed of ground ginger, whole mustard seed, and powdered leaves of the common sage. We are too apt to undervalue everything which may be procured in abundance, without trouble or expense; and although no one would think of relying on the Salvia for the removal of severe disease, it may, and probably does possess more medicinal virtue than is commonly attributed to it by the faculty.

MECKEL'S ANATOMY.

This work is already known by reputation to most physicians in Europe and this country. We are glad to find the American faculty are about to receive a translation of the work, by Dr. Doane, of New York, which promises to be accurate, and a great accession to our sources of anatomical knowledge. We have been favored by a friend with a few sheets of this translation, which reads well. It has been made from the French and German editions together, by which means the errors of the former will be prevented from creeping into the English version. When the whole work comes to us, we shall speak more fully of its good or ill deserts.

HOTEL DIEU, PARIS.

We are among those who have many very agreeable associations connected with that great and long celebrated Hospital at Paris, the Hôtel Dieu, the scene of the labors of Bichat, and the present theatre of Dupuytren. Several generations of men who have adorned their profession, have successively learned and taught within the walls of this ancient institution. But the line is to be extended no further. The edifice is to be demolished, and its site appropriated to different objects.

These steps are rendered necessary by the state of the building, and the confined nature of its present situation. The patients, probably about two thousand in number, are to be removed to the *Hôtel des Invalides*, and we doubt not a new edifice will be erected on some more airy spot, which will correspond with the improvements of the age.

FACTS RESPECTING CHOLERA.

A gentleman, just arrived from Hamburg, informs us that the Cholera was approaching that place, and that a large hospital had been erected for the accommodation of such of the poor as might require it.

In consequence of the reputation of cantharides and cajeput oil, in the cure of cholera, those articles have risen very much in price in England and on the continent. In this country the oil has already advanced one hundred per cent.

The intendant of Charlestown, S. C., has directed a strict quarantine on all vessels coming from ports where this disease prevails.

A letter dated at Messina, August 29, says, "In consequence of the rapid progress made upon the continent by that dreadful malady, the Cholera Morbus, our health department has put on long quarantines from almost every quarter. Vessels arriving from England, from the French ports outside the gut, and from the Spanish ports inside the gut, are subject to 28 and 40 days quarantine; from Venice and Trieste, the quarantine is 28 and 40 days, and from other Austrian ports in the Adriatic, vessels are not received at all; from Malta, 30 and 40 days quarantine. From Genoa, Leghorn, and Marseilles, the quarantine is only 7 days.

The British government still persevere in vigorous measures to prevent, if possible, the introduction of the disease into England.

Dr. B. Hawkins, of London, an eminent and very able physician of that city, has published a valuable history of this epidemic. He has given in his book a minute account of the travels of the disease from place to place, commencing in India, and following it up to the present time. His facts are gathered from the highest authorities, which are all referred to, and most of them, such as official reports, quarantine orders, &c., are given entire, with their signatures, in an ample appendix. It is the best view of the whole ground which has yet been taken, and a short extract from it is offered the reader in the Journal of to-day.

In his treatise, or rather statement of facts respecting the contagiousness of the cholera, Dr. H. presents the following:—

"Wherever measures were taken to prevent communication in the Russian dominions, there the disease has been totally checked, or has made but little progress. Petersburgh has not escaped, because a strict quarantine has not been observed between it and Moscow. The Moravian Colony on the right bank of the Wolga, and several German colonies in the government of Saratov, around which the disease was violent, adopted the system of exclusion, and were also unhurt. At Caramala Gubeewa some Russian peasants, living together, scarcely a hundred yards from the village, shut up their hamlet on the first report of the disease having appeared in their vicinity, and by enforcing a strict quarantine during the prevalence of the epidemic, remained in health. The large establishment composing the Academy of Military Cadets, at Moscow, was preserved by a similar plan from the scourge which was so active on all sides of it.

"Can we have a better proof of the contagious nature of the disease than that *insulation*, or separation from the sick, is almost universally found to preserve from the evil? M. Gomba, the French Consul at Teflis, in Persia, a person who probably was not devoted to any medical theory, writes to Baron Larrey, that the best and most sure mode of escaping from the calamity is *insulation and a residence in the mountains.* Of nine medical practitioners who were living at Teflis at the time of the invasion of the epidemic, four died during the first few days.

"Let us hear the history of M. de Lesseps, the Consul of France at Aleppo, an individual who probably has never interfered in medical discussions. When the Cholera approached that city in 1822, this gentleman retired, in company with all who wished to be of his party, to a garden at some distance from the city. His asylum was enclosed with walls, and was surrounded by a large fossé: there were only two doors, one for entrance, the other for going out. As long as the malady lasted, he admitted nothing from out of doors without submitting it to the precautions observed in lazarettoes. His colony comprised *two hundred* persons, and consisted not only of Franks more or less acclimatised, but also of several natives. *Not a single individual contracted the disease;* while, at the very same time, within the city, four thousand beings perished in the space of eighteen days."

"We perceive that nearly all the governments of Europe have established quarantines; even the government of Bavaria has lately followed the example. Austria has drawn a sanitary cordon between Galicia and Hungary; and amongst the governments of Europe, however contrary to their interest, the question of contagion is no longer agitated."

Method of preventing Iron and Steel from rusting. — This easy method consists in heating the steel or iron until it burns the hand; then rub it with virgin or pure white wax. Warm it a second time so as to melt and divide off the wax, and rub it with a piece of cloth or leather until it shines well. This simple operation, by filling all the pores of the metal, defends it completely from rust, even though it should be exposed to moisture.—*Jour. de Connois. Usuelles.*

Skulls.—Dr. Samuel G. Morton, of Philadelphia, has recently deposited in the Academy of Natural Sciences of that city, an extensive series of *skulls*, embracing those of the different races of men and the various classes of inferior animals. A principal object in forming this collection, is to investigate the peculiarities of the aboriginal inhabitants of the American continent; and persons who are in possession of Indian crania, are respectfully invited to communicate with Dr. M. in reference to them.—*Am. Jour. of Sci.*

Whole number of deaths in Boston for the week ending Nov. 4, 21. Males, 10—Females, 11. Stillborn, 2.

Of consumption, 2—accidental, 2—asthma, 1—unknown, 1—infantile, 2—dropsy, 1—lung fever, 2—croup, 2—rheumatic fever, 1—typhous fever, 2—throat distemper, 2—paralysis, 1—liver complaint, 1—scarlet fever, 1.

ADVERTISEMENTS.

LECTURES ON THE DISEASES OF THE EYE.

A COURSE of Lectures on the Diseases of the Eye, will be delivered at the Rooms of the Massachusetts Charitable Eye and Ear Infirmary, to commence on Wednesday, the ninth of November, and continue twice a week, on Wednesday and Saturday.

The demonstration of the anatomy of the organ will be much aided by improved wax models just received by the Institution from Italy.

The Pathology of the Eye will be explained by illustrations from the cases which attend the Infirmary.

The Lectures will be delivered in the afternoon, at half past three o'clock, which will afford opportunity to Medical Students to attend. JOHN JEFFRIES.

October 2, 1831.

*** The Lectures are delivered for the benefit of the Infirmary. Oct. 18.

EUROPEAN LEECHES.

JARVIS & PEIRSON, have just received a prime lot of large European Leeches. They were selected at Gottenburg, with great care, by a person well acquainted with the business,—and will be applied, without additional expense, in any part of the city.

188 Washington Street. Oct. 11.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

Vol. V.] TUESDAY, NOVEMBER 22, 1831. [No. 15.

I.

ON SMALL AND REPEATED BLEEDINGS IN HÆMOPTYSIS AND INCIPIENT PHTHISIS.*

By Dr. J. Cheyne.

These observations are in the form of a letter from Dr. Cheyne to Dr. Graves, and the author commences by informing us that he has often seen phthisis usher itself in without any unequivocal symptom of pulmonary affection, but apparently as "a fever of an inflammatory kind, with quick pulse, hot skin, flushed countenance, white tongue, high-colored urine, &c." The disease might have passed for a general fever, there being no local disease prominent. Some alleviation of symptoms usually takes place, after a period of two or three weeks, and the physician promises recovery, but is deceived, as phthisis either rapidly advances, or takes a slow but fatal course.

"In the course of such attendances, the physician at last begins to feel some surprise at the continued quickness of the pulse; he fears that all cannot be right while the patient, although he eats well and walks about, does not gain strength; the breathing too is not quite natural, an occasional dry cough occurs, of which the patient seems unconscious, and emaciation is palpable. The disease has now made some progress, and another physician being called in, the case is looked at with a new eye; night perspirations are discovered; on minute inquiry hectic fever is more than suspected, and the case is pronounced to be incipient phthisis. It is in the more chronic cases to which I have alluded, that small bleedings of six ounces practised once in four or five days have sometimes apparently proved sanative."

There is a species of hæmoptysis, says Dr. Cheyne, or rather of bronchial hæmorrhage, which runs a course of two or three weeks, and which is also attended with symptoms of general fever: but in his judgment both the fever and hæmorrhage are symptomatic of incipient consumption. In these cases recovery seems to take place under antiphlogistic treatment: but the recovery is often not solid. Gradual emaciation is observable, with that ominous dry barking cough, which is often so long a solitary symptom of slowly advancing tuberculation. After some months of declining health, the disease advances more rapidly, and hectic fever concludes the sad history. "Patients of this description may sometimes be saved by timely bleedings, not exceeding six ounces every sixth or seventh day, with a regimen suited to the strumous diathesis."

---

* Medico-Chirurgical Review.

"Hæmoptysis in its more common form of pulmonary apoplexy, as it is fancifully called by the French pathologists, may sometimes be successfully treated in the same way, namely, by small bleedings repeated at stated intervals. But these are topics which would require to be more carefully handled than my time at present will permit: they would best be explained, not by the hospital physician, but by him who practises extensively among the upper classes; but unhappily they who, advancing in life, obtain lucrative employment, are often obliged to forsake the favorite pursuits of their youth for occupations neither so interesting nor so agreeable, and their matured experience, which often contradicts the conclusions of youthful zeal, is unproductive to all but themselves."

Dr. Cheyne next proceeds to state a case which first confirmed his opinion respecting the applicability of small bleedings to hæmoptysis. It was that of a gentleman who had long labored under bronchial hæmorrhage, so obstinate that it resisted all the ordinary methods of treatment. Dr. C. observed that the hæmorrhage returned upon excitement of any kind taking place. Even the flurry produced by the Doctor's carriage coming up to the door invariably caused a slight hæmoptoic attack. This suggested the employment of small artificial bleedings. The case is detailed by the patient himself, who is a clergyman. These details we shall abridge.

When about the age of 15 (in the year 1807) the hæmoptysis commenced, and continued annually from that time till 1823, in which year the attack was so serious that change of air was recommended, and he went to Nice, and ultimately on to Rome. At Rome, and afterwards at Geneva, the bleeding continued, though he had the skilful attendance of Dr. Clark. In November, 1824, he returned to Ireland, and in the course of the winter the complaint increased in frequency and extent of hæmorrhage. Emaciation was the consequence. In February, 1825, the plan of small bleedings was commenced. For some months previously he had daily at least three discharges of blood from the lungs.

"About the middle of February, immediately after an attack, six ounces of blood were taken from the arm. For three days after he had no attack, and on the fourth a slight one, after which six ounces of blood were again taken. No attack, for ten days. The attacks now gradually became less and less frequent, but every week six ounces of blood were taken from the arm. In the beginning of May he went to the country, with directions to continue the stated bleedings, which he did regularly every week, using the lancet himself, and thus being enabled at once to check an attack. The blood was invariably much cupped and buffed; the complaint gradually subsided; health and strength slowly returned. During the whole of the ensuing winter he was able to take exercise in the open air without suffering from cold. In the month of June, 1826, he again entered upon the duties of his profession, from which he has never since been obliged to absent himself, and with the exception of an occasional attack, which occurs generally in the spring and autumn, and is invariably checked by the lancet, he is now in as good health as he has ever been at any period of his life."

It is curious that till these repeated small bleedings were employed, the digestive organs were constantly deranged; but with the abatement of the hæmoptysis, the stomach began to recover its tone, and the bowels to act without opening medicine.

Of late, Dr. Cheyne has frequently prescribed venesection in the more common form of hæmoptysis, and, in some cases, with success. Unfortunately he has no notes of these cases; but some of them are distinctly in his recollection.

"In bronchial hemorrhage it is not the loss of blood which is destructive to life, but the inflammation and disorganizing process, which is caused by tubercles, of which the hemorrhage is but a symptom, and often even a means of temporary relief. And considering that not merely has the hemorrhage been checked by venesection, but the vascular irritation on which it depends in some sort arrested, I have been led also to try small bleedings once every week or ten days, in what I conceived to be incipient phthisis, and with a degree of success which forbids the relinquishment of that practice. Among other encouraging cases, I may mention that of a young gentleman of a family which consumption had completely ravaged. He came to me last spring with a dry barking cough, (not from cold.) There was a portion of the thorax in which respiration was inaudible, and which, on percussion, emitted scarcely any sound, and was also the seat of uneasiness; and emaciation had already commenced. This patient was relieved by these bleedings, and when I last saw him he said he was quite well, and his appearance did not contradict the assertion.

Both in hæmoptysis and in incipient phthisis, these small bleedings may be practised with safety, and often, if I mistake not, with more advantages than any other remedy in use. To acquire a just view of such cases we ought to consider them as instances of scrofula affecting the lungs, in which an inflammatory state is caused by the presence in that organ of irritating substances, as tubercles doubtless are. In phthisis, these attacks of inflammation in the tuberculated portions of the lungs precipitate disorganization. Phthisis is often, for a long time, only suspected, until uneasiness in the chest, perhaps increased frequency of the pulse, hurry of respiration, and greater debility, prove that inflammation around some clusters of tubercles is more speedily accomplishing the destiny of the patient. If the inflammation were subdued and the general health improved, perhaps it might be within the power of the absorbents to remove tubercles if still in an early stage. This view would justify the exhibition of remedies of opposite kinds. No point is better established than that the scrofulous patient is best treated by nourishing and restorative food and medicine: but there are many cases of scrofula in which we must, for a time, substitute bleeding and an antiphlogistic regimen for generous food and stimulating applications, to prevent the disorganization of a viscus; and of such cases this appears to be one.

In hæmoptysis, venesections act rather as an alterative than a styptic; mere hæmorrhage from the lungs does not justify the measure. Bleeding, however, is amply justified by the existence, during hæmoptysis, of pain, hurried respiration, or any other symptom of parenchymatous or of membranous inflammation.

In cases of hæmoptysis with inflammatory symptoms, venesection may be necessary during the attack, but generally tartar emetic in nauseating doses, given every hour, or every two hours, proves a more powerful styptic : one-third or one-fourth of a grain of tartar emetic in a draught containing also ten or fifteen grains of nitre, a combination which is often powerfully diuretic, will be still more efficacious. But if respiration be natural, and there be no cough, stricture, or pain in the thorax, the case will be better treated by small doses of opium, two or three grains of Dover's powder, for instance, every two or three hours ; to minute doses of opium may be added a couple of grains of superacetate of lead, or a dose of Ruspini's styptic.

Finally, small bleedings, practised in incipient phthisis, *enable the physician more safely to enlarge the patient's diet, and to prescribe tonics, such as Griffith's mixture or Heberden's ink.* The treatment which I would recommend in incipient phthisis may be stated in a few lines. Journeying, if practicable ; or, what is better still, in fine weather going from shore to shore in the steamers, and short residences at some favorite spot. Diet as generous as the state of the lungs will permit, in some cases a glass or two of claret, and small bleedings. Sponging the chest and arms with very dilute nitro-muriatic acid, or with five parts of Mindererus's spirit, and one of spirit of rosemary: an issue over the most suspected portion of the lungs ; or a succession of blisters, after each bleeding, not much larger than a dollar. A light bitter two or three times a day, with twenty or thirty drops of laurel water, or the nitro-muriatic acid internally, or perhaps some preparation of iron. If I had time I would explain my reasons for rarely sending patients, in any stage of consumption, to the continent of Europe."

II.

USE OF COTTON IN DRESSING WOUNDS.

Dr. Peschier, Secretary of the Medical Society of Geneva, Switzerland, in a letter addressed to the Editors of the Bibliotheque Universelle, states that he has proved with entire satisfaction to himself, that the general opinion of the unfitness of cotton for the purpose of dressing wounds, is altogether an unfounded prejudice ; and that carded cotton, employed either as lint or bandages, is in fact preferable to linen. He does not pretend to be the discoverer of this fact, but refers it to an incidental circumstance which occurred in America. A child which had been most severely burned, was laid upon a heap of carded cotton, while the person who first rescued the child went for assistance. On returning, instead of finding it in agony, it was fast asleep ; and the wounds, though deep, healed rapidly, with no other application than the soft cotton, which they did not venture to detach. It is, Dr. P. remarks, in the most desperate cases that cotton is the most useful in burns. When the skin, and even the flesh, has been shrivelled and roasted with the heat, the application of cotton has been found to promote the sloughing and suppuration without too much pain, thus preserving the life of the patient, otherwise so doubtful under circumstances of this nature.

Dr. Peschier cites the following cases, which came under his own notice. Two artillery men, in charging a cannon too hastily, had their hands and faces so severely burned by a sudden deflagration of the cartridge, that the epidermis was separated. The injured parts were immediately covered with cotton, and so successful was the application, that although the hands, and especially the face, were prodigiously swelled, the eyelids tumefied and the nostrils obstructed, the wounds healed so perfectly that not a trace was left of the accident.

So much for burns. A family of five persons were attacked with typhus, which reduced them to great extremity. They recovered, but one of them, a lad of twelve years of age, became a prey to enormous eschars, on all the parts of his body which were obliged to sustain any pressure, or even a permanent contact; that on the sacrum was at least six inches in diameter, those of the trochanters were the one five and the other four inches, and on each knee was one of two inches, with smaller ones on the feet. The young man was reduced to the lowest degree of emaciation, and so great was the pain that his cries were almost incessant day and night for nearly a month. After trying in vain the ordinary means, Dr. P. thought of carded cotton, and of this he applied a thick compress on each wound. On the first night after, the patient slept, the pains abating as if by enchantment. The application was continued, and in the month of February, the eschars, which had commenced in September preceding, were reduced to very small simple wounds, and the patient had regained his strength, notwithstanding the enormous suppuration.

The precaution which was observed in this important case, and which Dr. P. considers indispensable to success, was never to change the compress of cotton, except when the amount of suppuration incommoded the patient and almost entirely detached the mass. In dressing, also, great care must be taken to cut with good scissors, and never to pull out the fibres of cotton which adhere to the borders of the wound.

Such unexpected success induced the belief that every kind of wound or ulcer might be treated with decided advantage by dry carded cotton. An opportunity of trying it was soon presented. An unfortunate being, with an enormous cancer of the face, was dressed with cotton, without experiencing from it the least pain. The disease being in its nature incurable, Dr. P. did not pretend to heal it by these means, but he rendered the treatment of it far more supportable.

All kinds of wounds, simple and complicated, have been thus kindly and promptly healed. A wound of the head, complicated with much hemorrhage, was by the same means successfully treated. A prejudice exists that cotton is dangerous to the eyes, but Dr. P. states that he had speedily cured a man who, by falling on some stones, had received a severe contusion of the face, a corner of one of the stones having penetrated and torn the flesh.

Obstinate scrofulous ulcers have been treated in the same manner, with no less success.

"I cite these facts, (observes

Dr. Peschier,) only to demonstrate that cotton is applicable, indiscriminately, to all kinds of wounds and ulcers, and that far from being, as it is unjustly regarded, *poisonous*, that is to say, *irritating*, it furnishes, on the contrary, a material for dressing wounds, of the softest and most pleasant kind. But, I repeat, it is indispensable to success, that the dressings be rare, and that the threads be never pulled or torn from the wound,—a practice which cannot fail to increase either its extent or aggravation. The scissors, lightly handled, must be used to separate from the adhering fibres, the mass, which may be safely detached.

"I would be the first to admit that there is very little scientific merit in substituting cotton for lint; but I deem it to be rendering an important service to the wounded, to their connections, and especially to the attendants at civil and military hospitals, to convince them that they need not be uneasy at the difficulty of procuring lint, a substance not always easy to preserve,—which becomes easily infected with miasmata, and which cannot be kept in large masses without some danger. Carded cotton is found everywhere; it is of trifling value, so that the rich will at no time refuse to buy it for the poor, and hospitals can be at all times well provided with it.

"The same remarks apply to cotton cloth. It is of trifling cost, even when of the finest kind; it has precisely the degree of suppleness which fits it for bandages and compresses; it occupies vastly less space in travelling chests than linen or hemp, and it may be anywhere abundantly obtained."

Bibliotheque Universelle.

III.

OBSERVATIONS CONCERNING THE BARK OF THE ROOT OF THE POMEGRANATE TREE, AS A REMEDY AGAINST THE TAPEWORM.

By Richard Pearson, M. D.

In consequence of the strong testimonies recorded by various medical practitioners attached to the East India service in favor of the bark of the pomegranate tree (*Punica Granatum*) in cases of tapeworm, I was induced about two years ago to prescribe it to several patients who had voided portions of that worm, and who had previously taken the oil of turpentine and other anthelmintics, with little benefit. I prescribed the powder of the dried bark of the root, (as recommended by Mr. Breton in the London Medico-Chirurgical Transactions, vol. xi.) in doses of from ʒss. to ℈ii., to be repeated every hour until it should produce some powerful effect; but to my disappointment, in one case it produced no sensible effect whatever, and in two other cases small portions only of the worm came away after its exhibition. The remedy has proved equally unsuccessful in the hands of my friend and colleague, Dr. Eccles, senior physician to the Birmingham General Dispensary. The bark prescribed by both of us was obtained from London by the principal druggist in this town. To account for these failures, I am led to suspect, either that the bark which we used was from the root of a pomegranate tree of British growth, or that it was some other bark in lieu of the pomegranate bark. If it were the bark of a pomegranate tree cultivated in this country, it is easy to account for its want of efficacy; for, to possess its medicinal properties in full perfection, the pomegranate tree must grow *in a hot and dry climate.* When cultivated in the gardens of our cold and humid climate, it degenerates—it becomes inert. But perhaps the bark prescribed by Dr. Eccles and myself was not the genuine drug; for Professor Richard of Paris states, that the bark of the barberry (*Berberis vulgaris*) is sometimes fraudulently substituted in commerce for the pomegranate bark. Under these circumstances, I would suggest that no pomegranate bark except that which shall be imported from the East Indies, be offered for sale by the druggists. Mr. Breton has shown that this bark loses none of its virtues by drying; hence it may be easily sent from India reduced to powder, and put into bottles well corked and sealed. It is much to be wished that some able chemist would undertake an accurate analysis of this bark. At present, we only know that it contains tannin and gallic acid, with some wax; and two sorts of saccharine matter,—one partaking of the nature of sugar, and the other of the nature of mannite, (Mitouart, Journ. Pharm. 1824); but none of these principles—not even tannin and gallic acid—will account for its anthelmintic action, nor for its effect on the cerebral system, when administered in full doses, giving rise to vertigo, fainting, &c. I strongly suspect that the pomegranate bark contains a proximate principle—probably a peculiar alkaloid—in which its vermifuge power resides.

Edin. Med. and Surg. Jour.

IV.

CASES OF PUERPERAL DISEASE.

By John Homans, M.D.

Read before the Boston Society for Medical Improvement, October, 1831, and published in this Journal by order of the Publishing Committee.

I offer the Society the following cases of lying-in women from my minute book, which I hope may not be without practical benefit.

Mrs. T. had been affected with nausea and occasional vomiting since December last, when she became pregnant for the first time, and for the last month these symptoms became more urgent to the present time, July 30, in the ninth month. Anodyne and other medicines had been administered without benefit; and now, according to her calculation within a fortnight of the fulfilment of her time, she is able to retain nothing on the stomach, has not slept for the last two nights, but has thrown herself from one side of the bed to the other, complaining of great distress in the region of the stomach, in the intervals between frequent fits of retching and vomiting. Yesterday, she slept an hour or two and felt better; but as soon as she attempted to take nutriment, it was instantly rejected, sometimes accompanied with bile. Injections containing laudanum were given with no better effect, for the vomiting seemed to be increased by them, and the laudanum itself, with a liquor resembling coffee, appeared to be thrown up.

July 31. 5 o'clock, A. M., labor pains commenced, recurring at intervals of 20 to 30 minutes, attended with general uneasiness, vomiting still continuing unabated; pulse 115, feeble, and the countenance pale and anxious. Injections of broth and arrowroot were directed to be given during the day.

At 7 o'clock, P. M., pulse the same; nothing had been retained on the stomach, but the injections were not altogether returned. Pains became more frequent, but not referred by the patient to any part but the stomach.

August 1. Pains have continued through the night; patient looks almost exhausted; pulse weaker, 120.

At 6, P. M., after severe pains for the last four hours, she was delivered of a small child. In twenty minutes the placenta was removed from the vagina, and she said she felt comfortable. In half an hour after this, it was discovered that she flowed profusely; she soon fainted, the pulse was imperceptible and the extremities became cold. Stimulants were given as soon as she could swallow, and 15 grs. of ergot; ice was introduced into the vagina. No uterine contraction had taken place since the expulsion of the placenta; the hemorrhage diminished, and the patient began to rally. After some minutes the flowing returning, the hand was introduced into the uterus, and a slight contraction followed; ice was again put into the vagina, and cold vinegar on the abdomen, and 15 grs. more of ergot were given. By these means the flowing was arrested, but no uterine tumor was perceptible. She flowed at intervals through the night, till fainting repeatedly recurred.

August 2d, 5, A. M., I was called, the nurse supposing the patient dying; her breathing laborious, extremities cold, pulse 130 and hardly distinct. For an hour before I was called, she appeared more comfortable, when she became convulsed, with frothing at the mouth; it was some minutes after I saw her that she could swallow; brandy was then given, which was frequently repeated in doses of a teaspoonful, and warm flannels and friction were applied to the surface. In an hour she was able to speak, but she knew not where she was, wished to go home, was unconscious of her situation, asked to have "it taken away from her," referring probably to the child, and not knowing that it was born. Her speech was rapid, and articulation indistinct. Through the day urine and fæces passed from her involuntarily; the hemorrhage had ceased. She had not slept for three nights, and now at 4 P. M. looked wildly around, as if she expected to see some object of terror, and then begged most earnestly to have her child taken from her. 2 grs. of Ext. Hyosciamus, with $\frac{1}{4}$ gr. of Acet. Morphine, were given, and directions to repeat in two hours should she not sleep.

6, P. M. She fell asleep half an hour since; pulse 125; skin warm; is thirsty; lemonade allowed her, which has not been vomited.

August 3. Patient continued to sleep for four hours after I left her, then became restless, and thirst increased. Her mind is somewhat regular. She has no recollection of any event since the birth of her child. The pulse is 126, with throbbing universal. As the bowels had not been moved for 24 hours, 5 grs. of calomel were directed in pill, to be followed in four hours with Epsom Salts ℥ss.

Evening, cathartic had operated four times; heat and throbbing less; pulse 120; is inclined to talk much; speaks very rapidly, and her mind wanders. Directed $\frac{1}{4}$ gr. of Morphine at bedtime, with 2 grs. of Hyosciamus.

4th. Slept four or five hours during the night; all her symptoms are better; she has not vomited since yesterday; no milk has been secreted.

5th. Is doing well. From this time she continued to improve, and at the expiration of five weeks rode out.

October. My patient has returned from spending a few weeks in the country, and is as well as she ever was. The breasts were not at any time in the least swollen so as to indicate the presence of milk in them.

My hopes of the recovery of this lady were faint. The prostration of the vital powers was so great, for several days after the vomiting ceased, that very small quantities of the lightest nutriment could be taken without causing great distress.

Case II.—April 2d. Mrs. A. was delivered of her first child at 7½ o'clock A. M., after a natural labor of 5½ hours, and had severe after pains through the day and night following, which were followed by the discharge of large coagula.

On the 3d, she was unusually well until midnight, whe she had pain in the head, heat of skin and thirst, which grew more urgent until I saw her on the morning of the 4th. Pulse was now 120, rather sharp, not hard; respiration hurried; lochial discharge was abundant; the breasts were flaccid. Directed castor oil, which operated favorably, and in the evening Nitrat. Potas. and Tart. Antim. in such doses as the stomach would bear without distressing nausea, to be repeated every second hour.

5th. Patient has slept two or three hours, but was disturbed by dreams, frequently starting and talking. Pulse as yesterday; heat and thirst undiminished; milk was abundantly secreted. Directed Epsom Salts ʒvj.; to be repeated in four hours if no operations were produced. At evening visit the salts had operated four times; pulse softer or rather less sharp; heat and thirst less. Directed Dover's powder gr. vj. with ipecac. gr. i. at bedtime.

6th. The powder had vomited twice, after which sleep followed for three or four hours. This morning, however, pulse is 125, easily compressed; much throbbing in the head, and pain in the groin of the right side extending to the thigh and leg, with tenderness on pressure around the groin. The pulse forbade bleeding in my opinion (particularly as the lady was of slender constitution and pale countenance when in the best estate), and the indication of local inflammation existing did not authorise it, though the tendency to it was manifest. I therefore directed Epsom Salts ℥j. and fomentations to the affected groin.

7 o'clock, P. M. Salts had operated eight times; pulse reduced to 115; tongue moist, thinly coated as before; pain in extremities and pubes less; thirst not so great. Directed powders of Ipecac. and Cal. every fourth hour.

8th. Bad night; no quiet sleep; breathing not so free; pulse 130; skin very hot; tongue dry at the lower part; pulse as sharp as ever, though smaller; complains of severe pain in the back of the head, and throbbing in the temples; the groin, hip and thigh less painful, and not so tender on pressure, but has pain in the left breast, and under the nipple is an exceedingly tender place of the size of a dollar; the whole gland is swollen; countenance of patient anxious and pale. Directed Magn. Sulph. ʒvj.; fomentations to the breast, and to be continued to the groin.

Evening. Sulph. Magn. had operated twice. Symptoms not mitigated; complains of nausea. Gave an emetic, which operated three times on the stomach and as many on the bowels in the course of the night.

8th. After the operations, she slept and felt refreshed; heat less; pain in the head gone; no pain in the groin or hip; breast swollen and tender, with less pain; no hardness to be perceived; tongue more moist, and becoming brown. Ordered Sulph. Magn. ℥ss.

9th. Salts operated, and powders had vomited; rested well; symptoms all better; pulse 96; gentle perspiration for the last twenty-four hours; tongue cleaning.

8 o'clock, P. M. Another exacerbation this afternoon; pulse now 125; thirst, &c. increased; perspiration checked. Directed Ipecac. 2 grs. and Dov. powder 5.

10th. Powder operated as an emetic three times, and six or eight watery discharges were passed from the bowels during the night; notwithstanding, she rested pretty well; skin moist, and pulse 115.

8 o'clock, P. M. She has had a comfortable day. Skin moist; pulse 92 and weaker; all the symptoms improved.

My patient continued convalescent for a few days, and the tongue became nearly clean, when she had another attack on the 16th. The left breast became tender and swollen. This soon yielded to similar treatment, and on the 20th she was able to sit up for half an hour. The appetite was good, and her strength increased till the 27th, when she had another attack similar to the preceding, the left breast being the only part affected. This lasted but one day. She recovered rapidly after this, and has enjoyed good health, with the exception of a similar swelling of the breast when her infant was three months old, caused by exposure in damp weather.

The case of this lady was remarkable, as evincing great irritability of constitution. It may be supposed that bleeding, either general or local, should have been had recourse to; but knowing her delicate and nervous constitution, and the lochial discharge being large during the whole progress of the disease, and the pulse being easily compressed, I feared that bleeding would have sunk her; nor did the continuance of the disease alter this opinion. There was, however, at the early part of the case, a tendency to inflammation of the left limb; but the saline cathartic and fomentations overcame it. The irritability of the mamma was great. Frequency of the pulse, unaccompanied by hardness, we know sometimes follows parturition; but in those, chiefly, who are of an irritable habit. To such, abstraction of blood is injurious; emetics and saline cathartics seem to be sufficient to dispel the febrile symptoms, and these should be repeated on every new attack, until the morbid disposition is worn out.

The two following cases exhibit labor preceded by symptoms of cholera.

Case III.—Mrs. C., the mother of four children, and daily expecting to be delivered of another, was taken sick with pain in the stomach and bowels, attended with vomiting and diarrhœa, at 6 o'clock in the morning of July 29, 1829. I saw her at 9 o'clock. She was lying down; countenance anxious; skin natural; pulse 90 and very weak, so that merely touching them would compress them. She ate berry pudding yesterday, and attributes her disorder to that. She cannot speak loud, is unable to rise without assistance, but had not vomited for half an hour. Opium and an absorbent mixture, with cordials, were prescribed, which seemed to operate favorably. She was better at 12 o'clock, in every respect, except that the extreme weakness of the pulse still continued.

At 4, P. M., labor pains commenced. The vomiting and diarrhœa had recurred at more distant intervals; pains gradually increased, and my patient became encouraged. At 7 o'clock, Dr. C—— visited her in consultation, who advised to support her with such stimulants and nourishment as she could bear, and wait for the expulsion of the child. At 11, the child, in a state of putrefaction, was born, and in half an hour the placenta followed. She asked to see the child, spoke stronger, took some wine, and said she thought she should go to sleep and wake up better. The hope which the birth of the child and her composure inspired, soon vanished. October 12th she fainted, the pulse could not be felt at the wrist, and she expired at 2 in the morning. Liberty to inspect the body could not be obtained.

Case IV.—While transcribing the above cases, I was called to Mrs. A. at 10 o'clock on Friday morning, 21st inst., who awoke with severe pain in the stomach and bowels, with frequent discharges from the latter, and vomiting and violent pain in the head. She had been daily expecting to be sick, having completed (as she thought) the ninth month of pregnancy. Five weeks since, she was very sick with cholera. In the morning, at 9 o'clock, the evacuations continued, though not so frequent or painful; the pulse was 115. She complains of great weakness; has no pains resembling labor.

At 6, P. M., I was requested to visit her; labor pains had commenced three hours since; they were strong, and at 7 she was delivered; the placenta was removed at a quarter before 8. She complained of numbness in the limbs, and lost all recollection of her situation; her speech became unintelligible; pulse 130 and extremely weak; there was rather more hemorrhage than usual, but not sufficient to account for the debility. Wine and opium and the volatile alkali were given, and warm flannels wrapped around the limbs, which were cold. At 10 o'clock vomiting, with discharge from the bowels, returned. This state lasted till 12, when the symptoms began to mitigate.

8 o'clock, A. M. She had slept two hours, and awoke without pain, and feeling refreshed. Her mind was regular; pulse 110; skin but little warmer than natural; very thirsty. From this time she had no evacuation from the stomach or bowels until this morning, after taking castor oil. She is now doing well.

The recollection of the case preceding this was present to my mind, and gave me great anxiety as to the result, for the symptoms of the first part of both cases were similar.

MEDICAL JOURNAL.

BOSTON, NOVEMBER 22, 1831.

A CLASS OF ABORTIVES.

There exists a very strange notion among most people, that there is, in our materia medica, a class of medicines with the power of producing abortion. No such class most assuredly has ever found place there, nor is any medicine known which possesses this power. Slight as the causes are which occasion miscarriage in persons strongly predisposed to it, there is no article which exerts sufficient influence over the uterine apparatus, to bring about this condition where the predisposition does not exist. No fact is probably better established than this, and why it is that certain articles have a reputation for such efficacy, it is difficult to imagine.

A controversy on this subject has attracted our notice in an English journal, and, in the course of it, we remarked particularly some very just views expressed of the precise efficacy of the secale cornutum, a medicine of great value, the medicinal virtues of which were originally discovered in this country, (by Dr. Prescott, we believe, of Newburyport,) and which is but just beginning to be well understood abroad.

Because ergot exerts so decided and immediate and unquestionable an influence over the efforts of the uterus during parturition, an impression has gone abroad, even among medical men, that it is capable of *inducing* uterine contraction de novo. The fact is that ergot has in all probability no effect whatever over this organ, except during parturition. This sentiment was expressed in the 2d volume of this Journal (p. 298), and from subsequent observation, we are induced to believe it will prove correct. It receives confirmation from the universal failure of the medicine to induce pain, *after the completion of labor*, and from the extremely various and contradictory accounts of its supposed effects *before its commencement*. It is also confirmed by analogy, as set forth by Dr. Venables in the controversy alluded to.

"I know," says he, "that this drug is often administered to quicken the tardy and languid operations of the uterus, and no doubt, in some instances, with advantage. But there is a wide difference between assisting, and wholly preventing the natural functions of the organic system. The languid uterus may be excited to a more vigorous performance of its natural functions by a proper and judicious exhibition of such a medicine; but from what analogies can we infer that a natural operation is to be perverted or arrested, and an unnatural one substituted in its stead?"

Certain it is that some females, who have had reason to adopt every method they supposed to promise anything toward producing this effect, have undergone severe and repeated vomiting, drastic purging, and various other operations, without success:—preferring even death to the inevitable consequences of a failure in their object, they have swallowed the most disgusting and powerful drugs—oils, essences, and decoctions—to the imminent hazard of life; and yet, after all, been compelled to suffer disappointment, and submit, however unwillingly, to the just punishment of their crime. Cases of this kind show us the difficulty, if not impossibility, of bringing on uterine contraction by any known medicine, where a predisposition to it does not exist. A like view of the subject has been taken by most authors.

"Every woman who attempts to promote abortion, does it at the hazard of her life."—*Bartley.*

"There is no drug which will produce miscarriage in women who are not predisposed to it, without acting violently on their system, and probably endangering their lives."—*Male.*

"It has frequently occurred that the unhappy mother has herself been the sacrifice, while the object intended has not been accomplished."—*Dr. G. Smith.*

"But we must conclude that there is no medicine, or abortive means, which always produce abortion, and nothing but abortion; there is none which does not endanger the lives of the mother and infant."—*Ryan*, p. 154.

"Now we shall have occasion hereafter to show that medicines, internally administered, can seldom produce abortion." — *Paris and Fonblanque*, vol. iii. p. 90.

And again—

"From a very early period attempts have been made to devise means of procuring abortion, by the administration of certain drugs, which were considered as capable of acting specifically upon the womb, and of occasioning the exclusion (expulsion?) of its contents. It would be idle to enumerate the various substances which have, at different times, been employed for such a purpose, not a few of which were derived from the fertile sources of credulity and superstition; and yet we are bound to admit, that upon this occasion, at least, credulity has proved a blessing to mankind, by suggesting the substitution of a harmless amulet, or an inefficacious drug, for an application of extreme violence and danger, and perhaps of death. *The physicians of the present age disclaim the existence of any specific class of abortives;* but we are ready to admit that the administration of violent medicines, by *involving* the *uterus* in the *general shock* thus given to the system, will occasion abortion, *provided there exist* at the same time *a certain predisposition* on the part of the female: should this latter condition, however, be wanting, the *poculum abortionis* may, by the violence of its operation, *destroy the life of the unhappy mother*, or very materially injure her, without *accomplishing* the object for which it was administered."

Burns, too, after speaking of the secondary effect sometimes attributed to strong cathartics, which induce tenesmus and inflammation of the stomach and bowels, takes care to add, that "it cannot be too generally known that when these medicines do produce abortion, the mother will seldom survive their effect."

The above authorities are all cited by Dr. V., and, in addition to them, he brings the evidence of his own experience, which is the evidence of an accoucheur well skilled and long practised in every branch of the obstetric art.

FACTS RESPECTING CHOLERA.

Most authors who have given us a history of this disease, have agreed that the most characteristic circumstance by which it is distinguished from the common cholera, is the absence of bile among the egesta, and the copious evacuation of a fluid like rice-water. This condition is supposed to be occasioned by a spasmodic closure of the duct, which ordinarily conveys the secretion of the liver into the duodenum. An English surgeon has come forward with some cases in which these occurrences were noticed in England, and similar observations are said to have been made by another, from time to time, for the last forty years. These cases go to prove, either that the Indian Cholera has long existed in England, but never assumed an epidemic or very malignant character, —or, that the above-mentioned diagnostic is not to be depended on. If the latter, which is the most probable conclusion, be correct, then the public mind should be informed, to this effect; for, unless apprised of the fact, much needless alarm and anxiety may be occasioned by the occurrence of cases of this description.

Dr. Macmichael has published a pamphlet, the object of which is to show that cholera is contagious. We have not seen it, but understand it is in the form of a letter to Sir Henry Halford.

An epidemic of great malignancy has visited Elsineur. It resembles typhous fever, and is perhaps modified by the constitution of the atmosphere. It is a little remarkable that this place has escaped the cholera, which has committed such ravages in various places on the Baltic.

Factitious mineral waters appear to be in much repute in Russia as a *preventive* of cholera. *It is said* that of the numerous individuals who have gone through a course of these waters, not one has fallen a victim to the disease, although 15, by the common rates of mortality, should have fallen by it. Only 6 have been attacked, and these had the disease with comparative mildness, and recovered. The composition of these waters is stated to be the result of a series of chemical experiments on the nature of the disease, which has been pursued with great skill by Dr. Foenichen and Mr. Hermann, two scientific gentlemen, who have received, in consequence, the honor of knighthood, from the Emperor of Russia. No account is yet given of the nature of the experiments or the waters. Since the paper of Dr. Stevens, the connection existing between the chemical composition of the blood, and malignant diseases, has attracted serious attention, and assumed new importance. We wait for some accurate detail of the experiments above alluded to.

LIVING STATUE.

A novel and singular personation of statuary, by a Mr. Frimbey, of Europe, has been attracting much attention, recently, in New York. By an astonishing command of his extraordinary powers, he represents marble statues, with such appropriateness and beauty of position, and such invisible effort, that the most attentive observer is unable to discern the reality of his existence, or the prevalence of animal life. When he moves from one position to another, the act is accomplished in a manner which the beholder imagines is through the influence of unseen machinery. The New York Evening Journal says: "The introduction of his *Living Statue* struck us with wonder and admiration; the novelty of the undertaking, and the masterly style of its execution, command our praise and thanks; for, from our artists and statuaries, it has removed a heavy drawback upon their talent. While Mr. Frimbley remains amongst us, who need want an elegant subject for statue or painting? The impression his first appearance made upon us, we never shall forget. A form of marble struck our view; we gazed, but could not credit that human art could approach so near perfection. No semblance of life presented itself; all was motionless and still, until the spring, as it were, was touched, which set this wonderful machine in motion; these springs seem gradually wound up to their pitch, and the statue falls. Even then the grandeur of its fall leaves no room to think it is a living man."

Common Salt a Remedy for Animal Poison.—The Rev. J. G. Fischer, formerly a missionary in South America, says he "actually and effectually cured all kinds of very painful and dangerous serpents' bites, after they had been inflicted for many hours," by the application of common salt, moistened with water and bound upon the wound, "without any bad effect ever occurring afterwards."

"I, for my part," says he, "never had an opportunity to meet with a mad dog. I cannot, therefore, speak from experience, as to hydrophobia. But that I have cured serpents' bites always, without fail, I can declare in truth." He then cites a case from a newspaper, in which a person was bitten by a dog, which in a few hours died raving mad. Salt was immediately rubbed for some time into the wound, and the person never experienced any inconvenience from the bite.

Mr. Fischer was induced to apply the above remedy, from a statement made by the late Bishop Loskiell in his history of the Missions of the Moravian Church in N. America, purporting that certain tribes of Indians had not the least fear of the bite of serpents, relying upon the application of salt as so certain a remedy, that some of them would suffer the bite for the sake of a glass of rum.—*Jour. of Royal Inst.*

Action of the Pile on living Animal Substances.—M. Matteuci found that the poles of a Voltaic pile of fifteen pairs, applied to two wounds made on the lateral parts of the abdomen of a rabbit, so as to leave the peritoneum bare, soon occasioned a yellow alkaline liquor, containing many bubbles of air, to collect at the negative pole, while a yellow liquid, with few bubbles and slightly acid, collected at the positive pole. The poles were of gold. The same results were obtained on other parts of the body, as the liver, intestines, &c. The substance obtained at the negative pole, besides alkali, contained much albumen, coagulated by heat; the fluid at the positive pole also contained a highly-azotated substance.

These experiments are considered by M. Matteuci as supporting the opinion that secretions in the living body are the result of electrical decomposition.—*Ann. de Chim.*

Tenacity of Vegetable Life.—Mr. Houlton produced a bulbous root to the Medico-Botanical Society, which was discovered in the hand of an Egyptian Mummy, in which it had probably remained for two thousand years. It germinated on exposure to the atmosphere; when placed in the earth it grew with great rapidity.—*Ibid.*

Cholera.—It appears by the accounts brought by the Morea, which arrived here on Friday, that the cholera is making a frightful progress in Europe; it is rapidly spreading over Germany, and making its way by slow but sure advances to the Rhine and the frontiers of France. In Vienna it has broken out in a violent manner, and the utmost consternation prevails. On the 14th September, forty-one persons were attacked, out of which number ten died, one was cured, and 30 at the close of the day remained ill. On the 15th, the malady increased; 64 died, none cured, and 105 remain ill. This estimate probably falls far short of the actual number of deaths.

William E. Horner, M.D., late Adjunct Professor of Anatomy in the University of Pennsylvania, has succeeded Dr. Physick in his professorship.

New York University.—At a late meeting of the Council of the University, appointments were made for courses of public Lectures during the season, in Moral Philosophy; the Evidences of Revealed Religion; Modern History; Oriental Literature; Political Economy, and Geography and Statistics. The Lecturer in the first course is the Rev. Dr. Cox, who has already been requested to deliver his course before the Young Men's Society of the city.

The case of Mr. S. is truly an afflicting one. We shall lose no time in ascertaining how far the instrument in question may promise him relief.

Whole number of deaths in Boston for the week ending Nov. 12th, 24. Males, 9—Females, 15.

Of consumption, 8—bilious colic, 1—dropsy, 1—lung fever, 2—cancer, 1—teething, 1—hemorrhage, 1—debility, 1—throat distemper, 1—childbed, 1—bowel complaint, 1—convulsions, 1—hooping cough, 1—unknown, 3.

ADVERTISEMENTS.

CHEMICAL MANIPULATION.

Being Instructions to Students in Chemistry, on the Methods of performing Experiments of Demonstration or of Research with Accuracy and Success. By Michael Farrady, F.R.S. First American, from the London Edition. Edited by J. R. Mitchell, M.D.—This day received, by CARTER & HENDEE. Nov. 22.

LECTURES ON THE DISEASES OF THE EYE.

A course of Lectures on the Diseases of the Eye, will be delivered at the Rooms of the Massachusetts Charitable Eye and Ear Infirmary, to commence on Wednesday, the ninth of November, and continue twice a week, on Wednesday and Saturday.

The demonstration of the anatomy of the organ will be much aided by improved wax models just received by the Institution from Italy.

The Pathology of the Eye will be explained by illustrations from the cases which attend the Infirmary.

The Lectures will be delivered in the afternoon, at half past three o'clock, which will afford opportunity to Medical Students to attend. JOHN JEFFRIES.

October 2, 1831.

⁂ The Lectures are delivered for the benefit of the Infirmary. Oct. 18.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed post paid. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

Vol. V.] TUESDAY, NOVEMBER 29, 1831. [No. 16.

I.

ON THE TREATMENT OF MALIGNANT DISEASES.

In a Letter to the Editor of the London Medical Gazette.

Sir, —As I have never seen even one case of the Indian cholera, of course I can only judge of the treatment of that disease by reasoning from analogy betwixt this and other malignant fevers which I have actually seen; but probably I was not far from the truth when I stated that the practice which I had found so useful in the malignant fevers of the western world would be equally successful in the treatment of all other forms of malignant disease; and perhaps, also, after this treatment has been fairly tried, the outline of the practice in all malignant diseases will ultimately be nearly the same. I can now add, that the same treatment which I have recommended in the yellow fever, &c. has been most extensively used, and with equal success, in the treatment of those malignant forms of the marsh fever which were formerly so fatal in the Genesee country, on the southern shore of Lake Ontario. This country is so flat that the Erie canal runs through it for upwards of seventy miles without even one lock. From being so flat, it is full of marshes; and during the hot months, there are many of the districts in that territory nearly as sickly, and, until lately, nearly as fatal, as the marsh fevers of Sierra Leone. The result, however, is now very different, particularly at Rochester, and other places in that country, where the alkaline carbonates, &c. are now used in place of the calomel, or the mere purgative and bark treatment, which were formerly used in these localities with so little success.

That sickness of the stomach which is so generally met with in the commencement of all those fevers that are produced by the specific aerial poisons, is probably the effect of the poison itself, which is thrown out of the circulation, and causes irritation in the gastric organs, in the same way that tartarized antimony produces nausea and vomiting when we inject a small portion of that agent into a vein: when proper remedies are used, that sickness at the stomach which begins with the disease soon passes away; but that peculiar irritation in the gastric organs which comes on at a later period, and which is often so distressing in the last stage, is evidently in these fevers produced in a great measure by an excess of acidity in the gastric organs. This may perhaps arise from the decomposition of the saline ingredients of the blood by the nervous or electric fluid which appears to exist in excess in all fevers, but particularly in those of a malignant character.

After the decomposition of the saline matter, the acids of the salts may be attracted into the gastric organs, where they exist in excess, and act as a source of intense irritation. This, however, is in part theory; but there is no question of the fact, that there is in all the malignant fevers of the new world, particularly in the last stage of these diseases, an excess of acidity in the alimentary canal, which extends from the very tip of the tongue to the verge of the anus. When we apply at this period of the disease a piece of litmus paper to the foul or red irritable tongue, the test is reddened almost instantly; and when we apply the same paper to the fluids ejected from the stomach, it is reddened almost as suddenly as if it had been dipped in a pure acid. In fact, even the matter of black vomit (which is merely an internal effusion of the black and dissolved blood) receives such an addition of fixed acid in the stomach that it effervesces freely with the alkaline carbonates.

The excess of acid which produces the intense irritation in the stomach is not the acetic, for even the matter of the black vomit has no sour smell. This excess of acid is probably derived from the saline matter of the blood; and as the muriate of soda is the principal saline ingredient in the blood, so I believe that the muriatic is in fever the acid which exists in the greatest excess in the stomach; but whatever the source of this acidity may be, it is, as I have said, at this period of the disease the true source of the intense burning, and that local irritation, amounting even to inflammation, which is the real cause of the gastro-enterite of Broussais. This species, however, of the enterite cannot be cured either by gum water, taken internally, or by leeches applied to the pit of the stomach. The irritation is produced by a chemical cause, and can only be removed by chemical means.

It is at this period of the disease that the alkaline carbonates are of such infinite value: when we give, for example, the carbonate of soda, the fixed acids of the stomach are immediately neutralized by the alkali of the carbonate; a large quantity of carbonic acid is evolved by the mouth, and the irritation of the stomach disappears almost as fast as if it had been removed by a charm.

By this treatment we not only remove that irritation and severe burning in the stomach which is so distressing to the patient, and even so destructive to the gastric organs, but we gain another point, which is at this period of the disease of still more importance than the mere removal of a local irritation. The fixed acids are, as I have said, immediately neutralized by the alkali of the carbonate. The muriate of soda, and the other natural salts of the blood, are instantly formed in the stomach itself. Now we know that these salts do enter the circulation; we know also that they mix with, and become a part of the circulating blood; we know that they change its properties and remedy its morbid condition; we know also that they add to the stimulating power of the circulating current, and enable the heart to keep up its action.

In consequence of this addition of saline matter, the kidneys, and the other secreting organs, continue to perform their functions. The skin does not become yellow, nor the breath fetid; neither is the mortality one-twentieth part so great as it had been under the old modes of treatment. In fact, the successful results which have already followed the use of the above practice prove that the saline remedies are the agents of all others the best that we yet know of for the successful treatment of malignant diseases.

When there is an excess of acid acting as the source of destructive irritation in the gastric organs, the treatment with the alkaline carbonates is decidedly the best; and those agents are as decidedly the worst, the effect of which is in direct opposition to that of the alkaline salts. When there is no excess of acid in the stomach, as sometimes occurs in fevers that are more mild, the carbonates enter the circulation unchanged; and we know that when they are mixed out of the body, even with the black blood taken from the heart of those who have died of the yellow fever, they redden its color as much as the muriate of soda or any of the other stronger salts. I have also stated, that all the acids blacken the color of the blood so completely, that with the addition of a little water, even healthy arterial blood is immediately converted into a fluid exactly resembling the black vomit.

The dark color of the blood, which we observe in the beginning of pestilential fevers, is the effect of the poison on the vital fluid; but the black color, in the last stage of the disease, is produced by the loss of the saline ingredients, which I can prove are beyond all question the true cause of the red color of healthy blood. The mere fact that the blood has a dark color in all the fevers which arise from poison has been long known, but the causes of this dark color have been but ill understood. An attempt to redden the dark color of blood in fever has been with some practitioners the chief object in the plan of cure; but ignorance of the real properties of the vital fluid has led to errors which have been even more fatal than those which now generally exist as the consequence of the doctrine of pure solidism. Acids redden the blue of vegetable colors; and these agents have been extensively used by a certain class of physicians to redden the blood in fever, on the supposition that they contain an excess of oxygen, which they would give over to the black blood, and thus redden its color. The fact is, however, that though acids redden the vegetable coloring matter, they completely destroy the red color of the blood; yet these are the very agents that have been thrown in so unmercifully into an organ already burning from an excess of acid, on purpose, as they say, to redden and revivify the color of the dark blood.

I shall afterwards have occasion to bring forward some melancholy proofs of the fatal effects of the acid treatment, and to show that in some places it has been already used to a fearful extent. The calomel, and some other modes of treatment, have done much mischief, but the acids have been the agents, of all others, the most destructive in the treatment of the yellow fever, and other diseases that really possess a malignant character.

It has been already stated, that when the blood is black from the loss of its saline ingredients, oxygen is not attracted into the circulation in the lungs after the removal of the carbonic acid; at least, if it be attracted at that period, even the strongest oxygen has no more effect in reddening the black blood than it has in reddening the black clot that has lost its saline matter, and of course its red color from immersion in distilled water. Yet, though this practice has been already weighed in the balance and found wanting, we are annoyed almost daily by the recommendation of means for oxygenating the black blood. Oxygenating the blood, however, is of no use in such cases, for the blood can only be reddened by saline remedies. Calomel and antimony may fret the stomach, and add to the suffering of the patients. Acids and opium may and do darken and destroy the red color of the blood; but when the red color is lost, as in bad fever, it can only be restored by the use of those remedies, which are in reality, in its healthy state, the true cause of its red color.

It may easily be ascertained, by the litmus paper, whether there be or be not, in cholera, an excess of acid either in the blood or in the fluid ejected from the gastric organs. If there be an excess of acid, then the alkaline carbonates are the remedies, of all others, the most likely to be useful; if there be no excess of acid, then the mixture of muriate of soda and nitrate of potass may probably be preferred; and as all parties agree in admitting that, during the first stage of cholera, the blood is not only diseased, but black in color and thickened in consistence, I am inclined to believe that, under all circumstances, the non-purgative saline medicines are the remedies, of all others, the most likely to be useful; for they not only redden the color of the blood, but, by increasing the fluidity of its solid ingredients, and adding to its stimulating power, they will render the blood more fluid, and of course better fitted to serve the important functions which it is intended to perform in the living system.

I will afterwards bring forward some very strong facts to prove that the aerial poisons which act as the remote cause of the essential fevers, do not produce their effect by any direct impression on the nervous system; on the contrary, they appear, like the oxygen of the air, to be attracted into the circulation, and produce their effect on the solids of the system, entirely through the medium of the blood. The diseased state of the blood is the immediate cause of fever — the diseased action in the solids is merely the effect. I have seen cases in which there was no excitement from first to last, yet these very cases, in which the solids were not injured even in the least, were of all others the most fatal.

All fevers from poison are generally preceded by a stage of torpor; for the first effect of the poisoned blood is to paralyze the heart, and indeed the whole of the vascular organs. The continuance of this cold stage is in proportion to the quantity or the virulence of the poison that has been taken into the system; but in all such cases, re-action is the road by which the animal economy marches to health, and the first duty of the physician is decidedly to bring on re-action, or fever, as speedily as he can. When this is effected, should the re-action run high, the excitement may be reduced by the use of the lancet, and the typhoid symptoms which sometimes afterwards occur may probably be prevented by the subsequent use of the carbonate of soda and other saline medicines, which we know to possess the power of preventing that black and dissolved state of the blood which is in reality, in fever, the true cause of the nervous as well as the other bad symptoms.

The diffusible stimuli produce their effect, in some cases, by a direct and transitory impression on the nervous system; but, as already stated, the saline agents enter the circulation, mix with, and become a part of, the blood. The blood is the natural stimulus of the heart, and the active non-purgative saline medicines decidedly add to its stimulating power: these, when given early in cholera, and in active doses, will, by increasing the stimulating power of the vital fluid, enable it to act with more force on the vascular organs, and in this way rouse the patients from that cold fit, or stage of torpor, in which it appears they generally die.

From what I have seen of their effects in other diseases, I have little doubt, that if the saline medicines be fairly tried, the mortality from cholera will be considerably less than it has hitherto been; but, to say the truth, I do not anticipate much advantage either from the saline or any other remedies, or believe that they will ever be fairly tried, so long as they are used by practitioners who believe that fever is a nervous impression, and who believe also that all our remedies in that disease act merely by sympathy, or some mysterious agency, on the nerves of the stomach.

It is well known that many practitioners have long been in the habit of using the saline medicines, particularly as purgatives, in the treatment of fever; and many still continue their use, merely for the very substantial reason that they find them useful. The true reason, however, why these remedies are so decidedly superior to all others, in the treatment of this disease, has not, I believe, been generally understood; and therefore these medicines are often combined with acids, or other powerful and adverse agents, which prevent the good effects that would otherwise have followed the judicious use of the active saline agents, given on a steady principle, and used only at certain periods of the disease, when there is almost a certainty of their doing good.

I know it will be asked why have the citric and other acids been successful in scurvy, where the blood is darker than it is in health? To this it may be answered, that the scurvy is not, like the cholera, or the yellow fever, a disease that causes death in a few hours, or a few days; and therefore medicines that may be used without causing immediate death in the one, cannot be used in the others with equal impunity. My own conviction is, that there is no one disease in the whole catalogue in which the profession has been so much misled as in the very disease now under consideration. During a residence of twenty years in the West Indies, I have only met with one case of scurvy, and that case was decidedly brought on by the excessive use of citric acid, which an American gentleman had been recommended to use as a preventive against the yellow fever. His own conviction, as well as mine, was, that the scorbutic symptoms had been brought on by the acid. This was immediately laid aside, and, under the use of the carbonate of soda, he was quite well in three weeks. To those, however, who are disposed to see the contrast betwixt the effects of the neutral salts and the citric acid, in the treatment of scurvy, I would recommend the perusal of Mr. Cameton's paper on this disease, which they will find in the Medico-Chirurgical Review — in one of the numbers, I believe, for 1829.

It has long been, and I am sorry to observe still is, a common source of error, particularly in fever, to confound a similarity in certain symptoms, with a sameness in kind. The sporadic cholera which is occasionally met with during the hot months, both in this and in other countries, is evidently as totally different from the Indian cholera as east is from west. The one is a symptomatic affection, accompanied by a mere momentary excitement, arising in part from a severe local irritation in the gastric organs; the other is a most malignant disease, produced by the existence of a specific and virulent poison in the system, which contaminates every drop of the blood, and excites diseased action in every solid of the body. Such being the fact, it is evident that remedies which are successful in the one, may be not only inert but even actually injurious in the other.

The Asiatic cholera is, as we well know, a most fatal disease, and will require both an active and judicious treatment to overcome the evil effects of the morbid poison; while the sporadic or plum cholera of this country may, I believe, in most cases, be almost entirely left to itself to work its own cure; and were it at all necessary, the cases which are now so numerous in most of the journals might be faced by others, where the patients were obstinate, and refused to take any other remedy except a little warm brandy and water, which was given during the cold fit, on purpose to bring on re-action as speedily as possible. In one case which I saw lately by accident, the symptoms, for the time, were quite as severe as those described in the various journals; yet, though the patient refused all remedies except warm brandy and water during the cold stage, he was just as well (perhaps even better) on the following day than if he had taken 125 drops of the cajeput oil.

There is one circumstance connected with the history of cholera which renders it a much more formidable disease in northern latitudes than either the yellow fever or the plague. The poison which produces the yellow fever requires a given degree of heat to enable it to exist in the atmosphere; and when the thermometer either rises or falls above or below a given range, the plague disappears. But the poison of cholera is not rendered inert by the first morning of frost, as is the case with the poison of the yellow fever in the United States of America; for it appears that this poison, like that of the small pox, can produce its fatal effects as certainly in the middle of a winter, in Russia, as in the burning plains of the Torrid Zone. When once introduced, the contagious poisons possess the power of multiplying themselves; and, as the cholera poison acts in every temperature, it is more than probable that if it once finds its way into this country it may remain here as a fatal scourge, not only to the present, but to future generations. This, as well as the great mortality caused by the poison of cholera, imposes a solemn responsibility on those who are, or at least ought to be, the guardians of the public health.

At present I have merely given a general outline, but the same subject will be considered hereafter more in detail. The above has been written in haste, and may probably contain more errors than one: should the treatment, however, which I have found to be so useful in the malignant fevers of the New World, be found, even in the slightest degree, to lessen the sufferings or diminish the mortality of fever in the other divisions of the globe, I will then be repaid for the dislike which I now feel in appearing before the profession as the advocate of doctrines so much in opposition to the common opinions of the present day. That this opposition may be put down to its proper account, is the wish of,

Sir,
Your obedient servant,
W. STEVENS, M. D.
September 5, 1831.

II.

A CERTAIN REMEDY FOR THE TOOTH-ACHE.

By DR. RYAN.

IF the experience of others confirms that of Dr. Ryan, in the simple remedy here proposed for a most distressing malady, he will deserve a civic crown, in addition to the thanks of the profession.

"A remedy which is capable of affording immediate relief to the excruciating pain of tooth-ache, without the slightest pain being produced by its application, has long been a desideratum; and I feel great gratification in being the medium of proposing such a valuable remedy to the profession.

It is right to observe, that before I resolved upon this course, I deemed it necessary to determine the value of this agent, and to try it upon myself and many other individuals; and ample experience has convinced me of its efficacy.

Like many of our best remedies, that which I proceed to notice was discovered by accident. A gentleman who attends my lectures (Mr. Myers, of Newington Causeway), had frequently applied sulphuric acid to his tooth with some relief; but on one occasion, he, in a moment of confusion, took down the next bottle to his remedy, which contained nitric acid. To his great surprise, he experienced immediate relief, and without the slightest pain. Since that period he has not suffered from tooth-ache, though three years have now elapsed. During the last winter he informed me of the success of this remedy, which induced me to try it, while laboring under the most intense pain from tooth-ache. The effect was immediate, and no pain whatever was induced. I have since used it in numerous cases, and invariably with complete success. In some instances the disease does not return for days or weeks; and in others not for months.

The best mode of employing it is by means of lint wrapped round a probe, and moistened with the acid, which is then to be slowly applied to the cavity of the tooth; care being taken not to touch the other teeth, the gums or the cheeks. On withdrawing the probe, and inquiring how the patient feels, the usual reply is, 'the pain is entirely gone.' The mouth is next to be washed with tepid water. The acid should be gradually applied to the whole cavity of the tooth, or otherwise a second application will be required before complete relief will be obtained.

This remedy may be used when the gum and cheek are inflamed so as to preclude the possibility of extraction. In cases where the diseased fang remains, and when the caries faces the adjacent tooth, it obviates the necessity of extraction in all cases of hollow teeth, which all practitioners declare to be desirable, if possible; and it enables the dentist to perform the operation of 'stopping or filling the teeth,' much sooner than he can otherwise accomplish. In a word, it will alleviate a vast deal of human suffering, and supersede a most painful operation. It is not a panacea for all the diseases of the teeth and gums, though a certain and efficacious remedy for the most common causes of tooth-ache. It will be a valuable remedy for children, delicate persons, and pregnant women. It does not accelerate the decay of the tooth to which it is applied.

As the employment of this acid in the disease under notice is not recommended by any pharmacopœia, ancient or modern, of these or other countries with which I am acquainted, and as tooth-ache is now a most prevalent complaint, in consequence of the inclemency of the season, I think a more favorable opportunity cannot occur for the communication of the information described in this paper."—*Lon. Med. and Surg. Jour.*

III.

For the Boston Med. and Surg. Journal.

CASE MANIFESTING THE DECIDED EFFECT OF DRASTIC PURGATIVES IN THE CURE OF ASCITES AND ANASARCA.

By John C. Howard, M.D.

Philip Lubeck, aged 30, a mariner, came under my care on the first of last July, at which time he was suffering from ascites, anasarca of the lower extremities, and hydrocele; there was also great effusion in the cellular membrane of the scrotum and penis. So far as I could ascertain, his habits had been temperate. He had been taking, for some time previous, the usual hydragogues, and when he came under my charge was taking powders of the submuriate hydrarg. and pulv. scill. three or four times a day. The hydropic swelling was little if any diminished, and he was so very large that he could barely move himself. After pursuing this course for several days, without any perceptible amendment, I determined to try the effect of some strong drastic purgatives, and accordingly prescribed the following: —

R. Elaterii grs. ii.
Colocynth,
Gamboge,
Scammony,
Jalap, āā viii. grs.
M. ft. in pil. no. vi.,

all to be taken at a single dose; and to be followed, in the space of six hours, by a strong decoction of senna, with an ℥ iss. of sulphate magnesia dissolved in it. These means procured very frequent and copious liquid dejections. The urine in quantity* was very scanty, and to stimulate the kidneys I directed olei junip. xx. gtts. three times a day in a solution of supertart. potass. which seemed to increase the quantity so much, that, from passing ℥ iv. of urine in twenty-four hours, he in a few days passed over a pint. He had been in the habit of drinking, on an average, three quarts of liquid a day, a very small proportion of which

---

[*] The urine in this case coagulated on exposure to heat, which Bright, who has been a considerable experimenter, regards as indicative of diseased kidney.

was passed *per urethram*. I diminished this quantity, so that he drank less than a quart.

Finding no injury growing out of the large drastics administered, and seeing the decided improvement of all symptoms, I directed my students to add two grains of each medicine to the dose, and this to be followed by salts and senna as above mentioned; the additional two grains rather increased the liquid dejections, and, after three weeks, the abdomen was very evidently diminished, and in the space of a month entirely flat, as if no effusion had existed.

But there was another trouble. The swelled scrotum increased very much, and produced occasional severe pain from its immense size and great tension, so that it was deemed necessary to operate. I did so, and the symptoms were relieved. The legs too were enormous, so large that it was impossible to flex them; they were scarified in many places, and large quantities of water flowed off in this way. I will observe there was no ulceration about the scarifications, a condition which often comes on in such cases, but on the contrary a perfectly kind healing ensued. Finding considerable benefit from the diuretic properties of the oil of juniper, it was continued, increasing two drops until thirty-six were taken three times a day, when he passed over three pints of urine in twenty-four hours, the anasarca left the legs, the abdomen continued flat and natural, and the man was entirely relieved. — What is very astonishing, and would seem almost incredible, was the great power of constitution, that could bear such violent and long continued purgation, without sinking, and this too without any violence to the mucous coat of the intestines.

At the present time,—five weeks from the period of relief last mentioned, — he continues without any sign of effusion or tendency to it; has a great appetite; suffers little from debility; and takes no medicine.

Boston, November, 1831.

MEDICAL JOURNAL.

BOSTON, NOVEMBER 29, 1831.

AN AFFLICTING CASE.

The reader will probably recollect a brief notice we gave, a few weeks ago, of Dr. Grigg's chair for invalids. In consequence of that notice, we received a letter from a gentleman in Connecticut, detailing a most distressing case, and requesting our opinion of the applicability of the chair to the purposes of the afflicted writer. The letter was immediately sent to the ingenious inventor, whose note in reply, together with the letter itself, will be found below. The account of the case is drawn up with peculiar clearness and facility of expression, and we apprehend the use of the chair, some of the peculiarities of which are concisely enumerated by Dr. G., would prove eminently serviceable in promoting the ease and enjoyment of the patient.

Respecting the price of this apparatus, we should suppose it cheap. There is much about it of machinery that is costly and durable, and it should be remembered that it is not like a garment, to be worn out by the first purchaser, but *property* to enrich and comfort many successive proprietors.

Not being certain that the letter was intended for publication, we have withheld its signature; though there is nothing in its details which might not, with strict propriety and some profit, meet the eye of the profession.

To the Editor of the Boston Medical and Surgical Journal.

********, *Nov.* 14*th*, 1831.

DEAR SIR,

Having lately seen a notice in one of our Hartford papers, copied from your valuable journal, with regard to a chair for invalids made under the direction of Dr. Grigg, of your city, I am induced to address you on the subject, although unacquainted and unknown to any one in your vicinity. My only apology for thus troubling you must be my extremely afflictive case, of which perhaps if I give you but a brief and imperfect history (for words can hardly describe it in full, or language paint the scene of suffering I have gone through), you will cheerfully lend all the assistance I ask or expect.

Suffice to say, four years ago last April I was crushed down to the ground, in taking down a building, with a weight of timber on my shoulder, in much the position a person would naturally sit down—being bent forward, my breast over my knees—and a partial luxation of the spinal column was the consequence. Two of the vertebræ are dislocated, or at all events drawn apart on the outside of the processes; but there was perhaps a compression at the same time of the inside of the column. From that instant I lost all sensation and all muscular power below the hurt, which is directly where the lowest long rib comes on to the back bone, or perhaps exactly between the dorsal and lumbar vertebræ. This leaves all the larger or lower bowels destitute of all natural action, and nothing has ever passed without cathartics or injections. In this distressing situation I have outlived the expectations of physicians, and my own, and indeed almost beyond my wishes at times, although much of the time I have enjoyed considerable health—having nearly always a good appetite, yet afflicted with much pain at times, always directly across the last place of sensation, which is in front, as low as the navel, but no lower. All below is totally dead, except the circulation of the blood, which as yet seems unimpaired and healthy. I have lain nearly all the time in a horizontal position, having tried the first year or two occasionally to sit up at times, by being braced or bolstered up, for a short time,—say 30 minutes; but finding no good from it, but rather hurt, have discontinued it. I have thought of every contrivance, but finally gave up all hope, and concluded to lie down to it as long as I live. I have used a chair for invalids which I procured in Hartford of a Mr. Dinslow, which I hired 2 or 3 months. Perhaps the chair you name is similar. If so, it will do me no good. The one used was on rockers, with a square upright frame—say two feet square—from which extended a fall of the same dimensions for the feet, and another like it for the back and head. In the sides of the upright part was a circular iron, and some kind of gearing, by arranging which at the sides the foot fall would drop to any elevation, and the head would rise just as much. Throughout the upper surface of the whole was a thin matrass, laid I believe on spiral springs. All this expensive contrivance, which to many would be valuable, was however not the thing for me; and indeed I have concluded it impossible in my case to invent anything which would take the weight or pressure of the body off from the broken back in any way so that I can sit up comfortably. I have heard mentioned something which would fit under the arms like crutches, and so on to the hip—thereby extending the parts, &c.; but I have thought this could never do for me, as I am emaciated almost to a skeleton, and anything irritating the least, in any one place, would produce bad sores at once. I have now one on each hip, and one on my back between the hips, each of which is the size of one's hand, and cannot be healed—having become a kind of issue; and as constant irritation is kept up by lying on them, they will probably always remain.

And now, dear sir, if you will be so kind as to give your opinion whether the chair will probably do me any service, or hand this line to Dr. Grigg, and you will either of you answer me, you will confer a favor on the most unfortunate of beings, who will be extremely thankful for any favor or advice. And if you can in any way scatter a single flower in my thorny pathway to the grave, may God reward you; perhaps I never shall in full.

Very respectfully, yours,

****** *******.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,

I read with deep interest the letter of your afflicted correspondent. His case is so peculiarly distressing as to demand our sympathy, and require that whatever ingenuity may suggest and experience sanction should be made subservient to his comfort. The chair to which he refers, combines more advantages to an invalid than any I have seen, and if any mechanical means may be judiciously employed, there is no doubt he would experience much satisfaction from its use. I will briefly relate the advantages it presents, which will enable him to decide upon its utility. He describes his condition so accurately and with so great skill, as to warrant our submitting to his judgment the applicability of the means, when they shall have been explained.

1. The chair rests on three wheels, which the patient propels by the vertical motion of two cranks.

2. The back is allowed to fall by pressing a spring, and sinks as far as may be desired. It may be thrown forward at any instant by pressing with the feet on the footboard, which rises as the back recedes. Besides this support for the feet, two frames slide in under the seat, which are to be drawn out and receive a cushion to be used in injuries of the lower extremities; so that one limb may be supported horizontally while the other rests upon the footboard.

3. The seat is rendered elastic by springs, and the patient, if unable to support the body erect, is attached by two straps, which pass upward from an elastic waistband to two spiral springs, which are suspended from the extremity of the posterior part of the frame of the chair, which bends over to receive them.

4. The patient, resting on the elastic seat, and having the weight of the upper parts of the body entirely supported by the spiral springs above, receives a gentle exercise from the effort necessary to propel the chair in any direction he may wish. If, however, he be able to endure any increase of motion, the posterior wheel (which is so arranged as to admit of its immediate removal) gives place to one of an oval form, whereby the body is gently exercised between the upper and lower springs. If still greater exercise be advisable, we substitute an octagonal for the oval wheel, which then gives a regular jolt.

The advantages which it possesses are a combination of varieties of position and exercise, which are of so great value in the physical treatment of diseases.

The price of the chair is $100.

I feel happy in complying with your request and drawing up a short account of this chair, which I hope will be found useful by your correspondent and all those who need such assistance.

With much esteem, yours,
William Grigg.
Boston, Nov. 21, 1831.

SKETCHES OF THE HISTORY OF MEDICINE.

Hospitals.—These establishments, which at the present day seem among the most necessary of our institutions, and which rank so decidedly the first in the class of public charities, are of comparatively modern origin. Among all the magnificent structures of ancient Greece and her colonies, not one is known to have been devoted to the benevolent purpose of receiving and curing the sick; and Rome, in the days of her greatest wealth and power, founded no hospital.

Nothing approached more nearly to the character of hospitals in ancient times, than those temples dedicated to Esculapius, to which the sick repaired for the cure of their diseases, and in which they offered their votive tablets. The purifications which preceded the admission of the invalid to these consecrated edifices, and the penances or rites imposed on them by the priests in the name of the presiding deity, had generally some therapeutic influence; and thus far the comparison may be allowed to hold good. But as no apartments were provided for the sick within the walls of the temple, their accommodation must have been as bad or worse than their own dwellings could have afforded them. Besides, these temples, though numerous, were by no means within so small a distance of each other as to render access to them entirely easy. The journey was often expensive and fatiguing, so that on the whole they might more justly be compared to the watering places of modern times, than to our hospitals. It would appear too that from a period much anterior to the christian era, the resort to these temples had greatly diminished; since as soon as medicine became a distinct science, and its study assumed the dignity of a profession, it was found more advantageous to consult the medical practitioner at home than to seek relief at a distance.

Many plausible reasons have been given for this apparent indifference on the part of these ancient governments to provide for the comfort of their destitute citizens. The mildness of the climate of Greece, it is said, was such that the sick required little shelter, and could without hazard be exposed to the external air. The style of Grecian architecture seems to prove that protection from the inclemency of the weather was not a principal object in the construction of their dwellings. But when we have given to this circumstance all the importance it merits, it goes little way towards explaining the defect referred to. The climate of Greece is as mild now as in the days of Hippocrates; yet hospitals are found as useful, if not as necessary, there as with us. The climate of Italy, in the days of Augustus, could hardly have been milder than that of France and Germany now are; and we find the comforts of good fires and comfortable dwellings rated as highly by their authors as they are prized among us.

Another reason assigned why the ancients were able to dispense with hospitals, is the simple mode in which they lived, and the consequent immunity which they enjoyed from the attacks of disease. The facts, however, recorded in history, are not such as to lead us to attach much importance to this circumstance. We have no record of any epidemic more severe and destructive than that which is known to us as the plague of Athens; and any one who examines the works of Hippocrates will scarce conclude that fever was more rare, or less fatal, in his day than it is at present. With respect to simplicity in living among the Greeks, we have hardly sufficient data on which to ground an opinion; but in Rome, even in the Augustan age, and certainly in the two first centuries of the Christian era, luxury and intemperance were carried to an excess which has not been surpassed in modern days. No one can peruse the pages of the Roman satirists without obtaining testimony sufficiently ample to the truth of this observation. Celsus, whose authority will scarcely be disputed, mentions the luxury which prevailed at his times as the reason why medicine had become so complicated; and adds, that among the various sources of disease, which men had created, all the devices of art were insufficient to protract life even to the boundaries of old age. Such being the facts in the case, it seems superfluous to insist on the simplicity of ancient manners, or to assume that asylums for disease were not created, because disease itself was of such rare occurrence.

But whatever were the circumstances which prevented the establishment of hospitals in Greece and Rome, certain it is, that these all-important institutions, in common with many other charities, were first founded under the benign influence of the Christian faith. The earliest hospital of which we have any account was founded at Constantinople, by Saint Simon, and was afterward embellished and improved by the emperor Justinian. In Rome, hospitals were established by individuals and by the emperors, as early as the sixth century. The care of the sick was confided to the monks, who regarded the due performance of their office as a sacred duty. In the seventh century, several hospitals were established at Jerusalem, for the reception of the pilgrims. The first was built by the merchants of Amalfi, who consecrated it to St. John Hospitalis, patriarch of Alexandria; and they there maintained constantly a body of persons to take charge of the sick.* In the eleventh century, the emperor Alexis erected a very large hospital at Constantinople, devoted to the poor, to widows, and to orphans. This edifice had two stories, and a chapel for the convalescent:

---

* This was the origin of the celebrated body of knights hospitallers; who in after times devoted their wealth and power to purposes so widely remote from those of their original institution.

the sick were attended by monks; and the directors, who were charged with the fiscal concerns, rendered an annual account of their stewardship. Finally, in the twelfth century, the hospital built at Byzantium by the Emperor Isaac, gained great celebrity: it was called the Hospital of the Forty Martyrs.

The plan of rendering these establishments subservient to the study of medicine, as well as a means of relieving suffering, appears to have first occurred to the Arabians. The city of Bagdad, founded by the caliph Almanser in the eighth century, became at no long period after this the seat of a flourishing medical school. In this city were established the first hospitals which were destined to promote the education of physicians.

MEDICAL PROVIDENT INSTITUTION.

Man does not live for himself alone, nor for the present moment. The comfort and happiness of relatives and friends are most intimately twined with his own, and it becomes him, in the period of his youth and vigor, to prepare for sickness and age. In some small measure, persons seem in our day more sensible of these facts, or rather to act on these principles, more than formerly. To lay up a little of the earnings of the present, for the purposes of the future, is becoming more and more common among all classes of men. To no one perhaps can it be more important to make such provision, than it is to the member of the medical profession. With an income from daily practice which enables him to support his family perhaps with elegance, he is liable to be cut off, and his wife and children suddenly reduced to abject penury. His business cannot, like that of a merchant or mechanic, be carried on for a time after his decease by a son, a brother, or an agent; with his life, the income of his family ceases forever, and often the calls of a long sickness render their want of funds most pressing, at the moment of their greatest distress. Clear as these facts are, inevitable as must be such a fate to many members of the profession, why is it we are so slow to take some step which will ensure relief in circumstances so melancholy? The *mechanics* of this city, a class of men the nature of whose occupations renders the necessity of such a measure of relief much less urgent, have for 40 years been actively engaged in supporting an institution of charity to its members and their families in case of sickness or death. If any member of this association is so sick as not to be able to attend to his business, he receives from its funds all necessary assistance until his recovery. On the death of any member, the sum of forty dollars is *immediately* sent to the widow or surviving relative. This is done in all cases, without regard to the estate of the deceased. Even where this is large, the money is often convenient at such a moment, but is generally returned at some future time as a donation to the society; — but where no estate of consequence is left, who will venture to tell how many hearts have been, in the course of years, relieved of a weight of sorrow, and spared a pang which would have given additional poignancy to every other.

We would urge on the profession the consideration of this subject: we would urge the expediency of the establishment of a Medical Provident Institution, where by the payment of a definite sum, or an annual contribution, the member may be *entitled* to draw from the funds a proportional amount during his own sickness and incapacity for business, and his family, at his death, may be *entitled* to relief from pecuniary want. Such an institution, established, like that in Edinburgh, to which we have before alluded, on the principle of mutual assurance, would be not only practicable, but could not fail to be a blessing to many and an honor to all the members of the profession who should engage in it. Among the directors of the institution alluded to above, are many of the most active and eminent physicians in Scotland; it is not a delusive speculation; it has there proved itself all which it promised to be. Its funds belong exclusively to the members who contribute to them, and once in five years the affairs of the institution are to be brought to a close,—two-thirds of the surplus to be divided among the contributors, and the remaining third carried forward as a reserve fund.

We shall be most happy to afford any assistance in our power to the establishment of such an institution in New England.

BAD EFFECTS OF DIGITALIS.

We published a few weeks ago some remarks on the bad effects of digitalis in persons addicted to intemperance. A case is related in the French journals, in which great weakness of the limbs, constriction under the sternum, vertigo, faintings, palpitations, slowness and irregularity of the pulse, sense of coldness and numbness of the extremities, difficulty of breathing, and other alarming symptoms, resulted from the administration of this medicine to a lady whose nervous system had been rendered morbidly irritable, not by ardent spirits, but by a series of moral afflictions. The dose was very small, and the conclusion from the case is, that the article is improper in persons in whom this system has been debilitated by *any* cause.

HEROIC PRACTICE IN LEUCORRHŒA.

An Italian physician, Dr. Bazzoni, has reported several cases in which ergot appeared to act with decided benefit in leucorrhœa. His mode of prescribing it was — 20 grs. to be boiled in 8 ounces of water, and the decoction to be given in small quantities at a time, so that the whole should be taken in the course of two days. This quantity he found to cure the disease on the third day, and what is truly remarkable is that "no inconvenience was felt from the medicine"!

FACIAL NEURALGIA.

Facial Neuralgia cured by Spontaneous Ptyalism. — A female, aged fifty-two years, became affected with severe facial neuralgia after exposure to cold. It continued for four months, and so completely resisted every remedy employed, that she gave up medicine, and trusted to Nature. In about a fortnight after this determination, a spontaneous flow of saliva took place, great in quantity, and sweet as honey in quality. It increased so much in three days that it appeared to flow from the stomach rather than from the salivary glands. During this extraordinary ptyalism, the bowels were constipated, and the urine very scanty, as well as all the other secretions. The facial pain diminished in proportion as the salivation increased :—both ultimately ceased.—*Annuali Universale de Medicina.*

Catalepsy accidentally cured. — In the journal above mentioned, for October, 1830, there are related two cases of catalepsy, one in a female, the other in a male, which yielded to accidental hæmorrhage—in one case, from a cut on the head—in the other, from epistaxis. The first case was that of a young girl, ten years of age, who became cataleptic, the paroxysms returning at shorter and shorter intervals, and resisting all medicines. In one of these attacks the girl dashed her head against a sharp stone, when a profuse hæmorrhage instantly ensued. This hæmorrhage not only put an end to the attack, but prevented all returns of the disease.

The other case was that of a young farmer, twenty years of age, and of a melancholic temperament, who, after some severe mental distress, became affected with cataleptic attacks, complicated frequently with delirium and somnambulism. Repeated bleedings, leeches, baths, blisters, and various other means, were employed in vain. At length a profuse nasal hæmorrhage took place spontaneously, and put an end to the attacks.

Whole number of deaths in Boston for the week ending Nov. 18th, 33. Males, 19—Females, 14.

Of convulsions, 2—delirium tremens, 1—inflammation on the lungs, 1—typhous fever, 1—lung fever, 2—throat distemper, 4—scarlet fever, 4—hooping cough, 1—consumption, 5—tic douloureux, 1—unknown, 2—childbed, 1—infantile, 2—old age, 2—intemperance, 1.

ADVERTISEMENTS.

CHEMICAL MANIPULATION.

Being Instructions to Students in Chemistry, on the Methods of performing Experiments of Demonstration or of Research with Accuracy and Success. By Michael Farrady, F.R.S. First American, from the London Edition. Edited by J. R. Mitchell, M.D.—This day received, by CARTER & HENDEE. Nov. 22.

LECTURES ON THE DISEASES OF THE EYE.

A course of Lectures on the Diseases of the Eye, will be delivered at the Rooms of the Massachusetts Charitable Eye and Ear Infirmary, to commence on Wednesday, the ninth of November, and continue twice a week, on Wednesday and Saturday.

The demonstration of the anatomy of the organ will be much aided by improved wax models just received by the Institution from Italy.

The Pathology of the Eye will be explained by illustrations from the cases which attend the Infirmary.

The Lectures will be delivered in the afternoon, at half past three o'clock, which will afford opportunity to Medical Students to attend. JOHN JEFFRIES.

October 2, 1831.

*** The Lectures are delivered for the benefit of the Infirmary. Oct. 18.

THE BOSTON MEDICAL AND SURGICAL JOURNAL
IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

Vol. V.] TUESDAY, DECEMBER 13, 1831. [Nos. 17 & 18.

I.

COLLECTION DE MEMOIRES SUR LA PHYSIOLOGIE, LA PATHOLOGIE, ET LE DIAGNOSTIC.*

Par P. A. Piorry, M.D. Paris, 1831.

About three-fourths of this volume are taken up with percussion, by means of the pleximeter, and with physiological experiments on animals, more especially to ascertain the effects of sanguineous depletion. The last fourth of the work is occupied with the diagnostic appearances of the tongue, and the effects of inordinate abstinence on the thoracic and abdominal organs. Of the phenomena presented by the tongue, we gave a concise analysis in our 29th Number (July 1, 1831), and therefore we shall not touch on that subject in the present paper. We shall proceed at once to the memoir "On Abstinence, on Insufficient Alimentation, and their Dangers."

Hypotheses rise and fall; but faithful observations or facts resist the hand of time. No precept has stood this test more fully than that which tells us that "abstinence is useful in acute diseases." Men have always a tendency to run into extremes, and carry the most salutary precepts into dangerous excesses. Our author sets out by reminding his readers that the fluids of the body exercise a great influence on the functions of the machine; and that these fluids, more especially the blood, which is the source of all the secretions, are greatly modified, not only by the quality but the quantity of our food. The organs of the body suffer from deficiency as well as from the excess of their natural stimuli. In the *former* case, the blood is not carried with sufficient energy towards the brain; and what is curious, there arise, in such circumstances, symptoms very closely resembling cerebral congestion. Pains take place in the muscles not properly supplied with stimulus to activity—the eye gets inflamed in dark places, and often is cured spontaneously by exposure to light—the stomach deprived of sufficient alimentation becomes the seat of severe pains and obstinate vomiting. The author then traces the effects of rigid abstinence (la diète absolue) and insufficient alimentation on the blood and muscles—the heart—the lungs—the digestive organs—and the nervous system.

I. *On the Blood.*

There is no doubt, he observes, that the first effects of rigorous and prolonged abstinence is a diminution in the quantity of the circulating fluid. Collard, of Martigny, has made many interesting experiments on this point. The proportion of fibrine diminishes in proportion to the diminution of alimentation; while albumen, on the other hand, augments. The whole volume of blood also diminishes, while the muscles decrease in size and firmness. Fourteen days of "diète absolue" were sufficient to render the muscles of the extremities exceedingly flaccid, wasted, and weak. Their constituent principles are, in fact, absorbed, to repair the loss which the blood necessarily sustains by secretion, &c. The muscles of the trunk experience a similar degree of atrophy, and our author thinks it probable that the muscular pores of the viscera undergo a similar change. The fat, and even the denser tissues of the body must, though more slowly, share the same fate, although there are instances on record where death was produced by starvation, without emaciation. We much doubt these statements. It is, however, to be recollected that increased absorption, in consequence of diminished quality of blood, is not near so great in disease as in health—nor of diseased parts so much as of sound parts. Hence it is that we may starve our patient before we produce the absorption of a morbid growth in any part of the body.

---

* From the Medico-Chirurgical Review.

The blood diminishes but little during the first few days of sickness and abstinence, because the various organs furnish materials for the circulation, and so do the drinks taken, and even the air we breathe. But afterwards we see the same phenomena which succeed hæmorrhages. The lips, the tongue, and the conjunctivæ, become pale—the veins flatten, and the circulation through them becomes slow—the arteries beat with less force—the heart diminishes in size—the chest returns a clearer sound—and the liver shrinks. The ultimate effects, too, of hæmorrhage and abstinence are the same, debility—disinclination to motion—slowness and torpor of all the functions—tendency to syncope in the erect position—and finally, death, from defect of cerebral excitation. It is thus that the scene terminates, when profound lesions of the alimentary tube obstruct assimilation—when inordinate evacuations carry off the pabulum of life—or where prolonged abstinence cuts off the supply of nutriment from the body. To deprive a patient long of food, is to bleed him largely—and it would often be better to bleed him and give him nourishment at the same time, than to starve him too long. Venesection may be carried to a great extent with safety, when the alimentary tube is in a sound state, and capable of supplying chyle, when nutriment is at length given; but we should be cautious of severe depletion or rigid abstinence, when the primæ viæ are in a different condition; for then we shall find it difficult to re-establish strength when the malady is at an end.

"Would we (says M. Piorry) try to cure phthisis or cancer by starvation? This rigid regimen, by cutting off the supply of nutrition, will often hasten the fatal catastrophe! We dread irritation; but we incur still more dangerous consequences—inanition and its accompaniments. Extreme low diet (la diète absolue) will kill a dog in twenty-five or thirty days; yet we put men on this system for months!"

It is vain, says he, to tell us that the patient takes gum water, sugared water, emulsions, &c. This is not sufficient alimentation, either for people who are sick, or those who are well. The dogs which Magendie fed on sugar, oil, butter, and gum, died in little more than thirty days of this regimen. If you wish to prolong the days of those who labor under incurable diseases, you must supply the blood with chyle. Do we not see the wound made in lithotomy heal under a nutritive diet, and remain open if we keep the patient too low? How can we expect, then, to heal an internal ulcer by starvation? Let it also be remembered that, in internal ulcerations or malignant diseases of structure, there is an increased absorption, where rigid abstinence is enjoined, and, consequently, a vitiation of the blood. To prevent this, we ought to supply healthy chyle. We see that people who would die in town, get well in the country. No doubt there is a great deal owing to the pure air of the latter situation. But are we to attribute nothing to the increased nourishment which the change of air and scene enables the patient to take? Good wine, says the Doctor, and generous living, are the best tonics. Our estimable Pinel acknowledged that the "VIN D'ARBOIS" saved his life, when medicines failed. It is thus, perhaps, that the Charlatan sometimes succeeds, when the physician, with his rigid diet, sees his patient daily get worse. Our author does not accuse M. Broussais so much as his blind disciples, in starving their patients to death through the chimerical fear of irritation. "I have seen (says he) patients who had been kept fifteen, twenty, thirty days—nay, six or eight weeks, on gum water; and to whom chicken broth has been refused, the terror of irritation being so great, that the Doctor trembled at substituting toast water for the crystal spring." "On other occasions (says he), certainly not numerous, but likely to be so, I have known individuals feeble, pale, and emaciated, condemned to absolute rest, and to live for years in protracted agony (vivre, pendant plusieurs années, dans une longue agonie) on sugar and water, a small quantity of milk, &c." These errors have arisen out of an exaggerated fear of *inflammation*, rather than of irritation—for the *latter* is often increased by too rigid abstinence, debility being the parent of irritability. Sick or well, and especially in chronic maladies, there ought to be allowed a sufficient nourishment for the support of the human machine—and the quantity is to be proportioned to the age and strength of the patient—but more especially according to his former habits and his constitutional idiosyncrasy. The following picture is not imaginary.

"Take a man in perfect health, and submit him to the following regimen. Give him two or three plates of soup maigre, (potages de quelque onces par jour)—eau sucrée for drink—and even add to this an egg. Prohibit bread and wine—and reflect on the consequences of this regimen. The sense of hunger will be only momentarily assuaged during the first few days; but afterwards it will diminish, because this sensation, like all others, is under the dominion of habit. In the course of a week or ten days, the individual will experience debility, will be thinner, and his muscles more flabby. In another week, these phenomena will all be increased—and the stomach will probably become irritable, and even painful. By perseverance in this regimen, the patient (for he is now really ill) will offer all the symptoms of one who has suffered from repeated hæmorrhages."

II. *On Abstinence in Diseases of the Heart.*

Under the influence of abstinence, the heart, like all the other muscles, diminishes in volume—and on this fact was founded the treatment of VALSALVA. This treatment is indicated in hypertrophy of the ventricles—especially when uncomplicated with contraction of the orifices. Abstinence will have no effect on this last complaint—sometimes a bad effect. Nature strengthens the muscular fibres of the heart, when they have an unnatural resistance to overcome. By diminishing the strength of the parietes we weaken the power of carrying on the circulation, without in any way removing the obstruction. It is not the violent action of the heart which we have so much to dread, as the cause which produces it. The great object, in such cases, is, not so much to lessen the size of the heart, as to proportion the calibre of the arteries, and the orifices of the central organ, to the volume of blood which is in circulation, while, at the same time, we bear in mind that there is a certain force to be sustained in the various other organs of the body. Then it is that repose is necessary, in order that a smaller quantity of blood may suffice for supporting life. To diminish the quantity of the circulating fluids, and impoverish (to use an antiquated expression) the quality of the blood, is the most rational treatment in these diseases. And yet the defect of nutrition, and the general debility, which are the inevitable results, must ultimately terminate fatally. Our author thinks that detractions of blood from the arm, by which the volume is quickly lessened and the embarrassment of the circulation relieved, are better than slow evacuations by leeches, which debilitate, without materially relieving the patient.

It is also to be remembered, that hypertrophy of the heart exists under two very different forms—one, where the muscular structure is firm and resisting—the other where it is soft and flabby. The former state appertains chiefly to youth and robustness of constitution—the *latter* to age and debility. Unfortunately, the diagnosis of these two different conditions is not so firmly established as some pathologists imagine. Auscultation has promised rather more than it has performed. "The *bruits* are very deceptive, percussion is insufficient, and the functional symptoms lead us often astray." Nevertheless, he acknowledges that auscultation, percussion, and a careful observation of symptoms, may enable us to do a great deal in the mitigation of these dreadful afflictions.

In respect to those passive dilatations of the heart, with mollescence of its structure, which we so often meet with, an extreme low diet is not only inefficacious, but absolutely injurious. Even simple dilatation of the heart, whether of the right or left cavities, does not require extreme abstinence—on the contrary, the dilatation is generally increased by such procedure. Where there is reason to believe that the parietes of the organ are soft, we ought to give nourishing diet, and even tonics, especially steel.

"Of the great numbers who have applied to me for palpitation of the heart and difficulty of breathing, and who considered themselves affected with organic diseases of the heart, the greater number of them had no hypertrophy or dilatation—no stethoscopic bruit—no symptom of stricture of the orifices. Many of these, especially medical men, had been put upon vegetable and most debilitating diet; nevertheless they received no benefit from that plan. They went up stairs with great difficulty, and all their symptoms went on increasing in severity. Not perceiving the proofs of organic disease, I changed the plan of treatment, prescribed substantial and plentiful diet, and soon found that the amelioration was progressive and decisive." The author details a remarkable case in illustration.

III. *On the Dangers of Abstinence in Diseases of the Lungs.*

In unequivocal inflammation of the lungs or their investing membranes, there can be no question about the necessity of rigid abstinence. But will this hold good, says he, "in those congestions of the lungs evidently the result of mechanical causes, of defect of venous action—in those stases of black blood which take place consecutively to diseases of the heart —in old people, and in those who have been long enfeebled by chronic maladies?" I do not, says he, think it will. The principal indications, he observes, which present themselves are, to diminish promptly the quantum of blood circulating through the heart and lungs —and then to stimulate these organs into greater energy. It is not *irritation*, says he, which attracts the blood to the lungs in diseases of the heart. It is the mechanical obstruction to the circulation, and the gravity of the fluid itself, in conjunction with the weakness of the powers which move the blood. Take away, therefore, some blood, to give freedom to the circulation, and then give energy, if possible, to the organs which impel the vital fluid, by generous diet, in small quantities at a time, and watching the effects. This is bold doctrine, even in England, and in France it must be downright heresy. "Yet," says M. Piorry, "it is not without long experience and ample reflection that I have come to these conclusions." This theory rests upon solid and numerous facts. A great number of pulmonic inflammations, coupled with cardiac affections, in old people, were treated at the Salpetriére by blood-letting; but on the succeeding, and sometimes on the very same day, bouillons and light soups were given, occasionally wine. This plan succeeded better than the plan of rigid abstinence.

Regimen, says he, in phthisis pulmonalis, is of the utmost consequence. Broken-down or softened tubercles will not heal on the starving system—nor will crude tubercles be absorbed by that system. Expectoration will not be rendered easier by depriving the patient of alimentary sustenance. On the contrary, the absorption of pus from ulcerations in the lungs will be increased by abstinence, and hectic fever thus kept up—"in short, by starving a phthisical invalid, we add an additional evil to a frightful disease." Pathological anatomy teaches us that ulceration of the intestines is one of the most common causes of debility, and even of death, in phthisis. Vegetable food, which is more difficult of digestion than animal aliment, irritates these ulcerations, and increases the malady. "I am (says M. Piorry) very much deceived, if animal food should not be found necessary and beneficial in a great number of phthisical cases, that are now doomed to asses' milk and farinaceous aliment."

IV. *On the Effects of Abstinence in Diseases of the Digestive Tube.*

No practitioner would dream of giving animal, or any kind of full diet, in acute inflammatory affections of the stomach or bowels; but, M. P. observes, there is some difficulty in ascertaining the time when we ought to discontinue the starvation system, when the disease assumes the chronic form. The appetite of the patient is some indication; though it is not always to be depended on. The effects resulting from the process of digestion, and also from the sanguification which ensues, are more safe criteria. Because the tongue is loaded, and the appetite null, we are not thence to conclude that food is unnecessary. Often, in such a case, the attempt to masticate will recal some goût for victuals, and quickly clean the tongue. Pain in the stomach is not always a counter indication against food. On the contrary, there are many cases and constitutions, where the epigastric pain is lessened by eating and increased by long fasting. Patients of this kind will throw off slops from their stomachs, and both relish and digest animal food.

The author has pushed his remarks to the diseases of the encephalon, and the effects of rigorous depletion and abstinence in such cases. But our limits are exceeded, and we must close the paper here.

II.

ON DISEASE OF THE COLON AND LARGE INTESTINES, SIMULATING HEPATIC AFFECTION.

By T. Nugent, Member of Apothecaries' Hall, Dublin, &c. &c.

I am induced to offer the following remarks, chiefly to the junior members of the profession, from the circumstance of my having so frequently, in the course of my experience, met with cases illustrative of the subject to which they relate. Chronic affections of the colon, proceeding from the irritation of fæces long retained in the cells of the large intestines, I have found to be productive of a variety of symptoms which would seem to indicate liver disease: such as fulness, pain and tenderness of the right side aggravated by pressure, languor, diminished appetite, furred tongue, high-colored urine, &c.; but which, by the steady and regular use of purgatives (of the resinous kind more especially), with the daily use of large emollient enemata, saline aperients being occasionally interposed, have, upon the expulsion of hardened and apparently long-impacted fæces, completely disappeared and left the patient restored to perfect health. Nor is it the least important benefit derived from this treatment, that the patient is frequently saved by it from the deleterious effects which mercury produces on some constitutions — mercury, which, when rashly administered and long persevered in, leads to such debilitating consequences and the continuance of that state of the system most favorable for the disease in question. It has been my lot, in many instances, to observe, with much pain, mistakes of this sort committed: intestinal affections confounded with and treated as diseases of the liver, while the liver was, in fact, no more than functionally, and that too but slightly, deranged; with the usual bad effects of long confinement, and unnecessary mercurial courses, more strongly manifested, of course, when delicate females were the subjects of such injudicious management.

I shall give the details of a few out of several cases which have come under my observation; my object, as I have already hinted, being simply to draw the attention of practitioners to complaints of the kind in question, and to their proper exciting causes. The treatment here detailed, it will be understood, is not laid down as anything more than a mere outline; it is to be modified in each particular case, according to circumstances, especially should there be appearances of inflammatory action supervening —when the methods of depletion and antiphlogistic remedies will, of course, be adopted; but after the subsidence of which, the purgative treatment, especially as it will act best upon the large intestines, will be adopted. It is my wish to confine myself to such facts in the history of my cases, as will be most useful for the illustration of my views.

June 20th, 1829.—Miss ——, æt. 22, of a delicate and spare habit of body, and of a marked nervous and lymphatic temperament. Complained for several months of a dull pain and tenderness, increased upon pressure, in right side, near the margin of the ribs, and extending upwards. Her countenance sallow; her appetite, previously good, now defective; her spirits low, with feelings of great languor and debility, slight exertion producing dyspnœa, palpitation, &c.; her pulse quick, but regular; the urine highly colored, sometimes depositing a lateritious sediment; the bowels scantily, although daily opened; the fæces generally duly tinged with bile. For these complaints, in the country where she resided, she had been twice salivated, blistered, &c. and subjected to a long and rigorous confinement whilst under the mercurial influence; and notwithstanding all these, with scarcely any mitigation of pain in right side, but considerable aggravation of nervousness and debility.

Judging from the history of the case, and from the circumstances; the fæces almost always appearing duly tinged with bile, indicating that the liver could not be much functionally or organically deranged; the appearance of the side, which was swelled and gibbous, the seat of pain and tenderness, which corresponded with the great arch of the colon; and judging, also, from the non-beneficial effects of the mercurial treatment, blisters, nitro-muriatic baths, &c., which she had previously undergone,—it occurred to me that these symptoms might be caused or depend upon the presence of hardened fæces, not duly evacuated, but accumulated and lodged in the cells of the colon and larger intestines, producing the effects which have been already detailed. I determined upon trying the effects of regular and full purgation for a short time, and, if possible, effect the removal of the offending matter. With these intentions I directed her to take the following:

R. Extracti colocyth. comp. Pulv. scammonii. Rhei. sing. ℈j. Pulv. ipecacuanhæ gr. iv. Olei carui. gutt. v. Ext. Hyosciam. Nigr. gr. viij. M. f. pilulæ xiv. quorum sumantur duæ vel tres H. S. om. nocte. Diebus tribus interpositis sumat. æger. haust. seq.:

R. Sulph. magnesiæ ʒii. Carbon. ejusdem. ℈j. Aquæ Menth. sat. ʒij. tinc. sennæ com. ʒij. M. fiat haustus, et mane quotidie ad tres vel quatuor dies, Injiciatur enema.

And also to use the following liniment:

> R. Ole. camphor. de terebint. utrusque ʒvi. T. opii ʒiij. M. f. linimentum, quo bene affricetur pars qua dolet mane nocteque.

After the fourth day some hardened fæces were observed to pass, which increased in quantity on the fifth and sixth. I then interposed a castor oil purgative draught, omitting the other remedies, except the pills, which I directed to be continued every night until further notice. Upon the first appearance of passing the hardened fæces, there was experienced considerable mitigation of pain, tenderness on pressure, and irregular fulness of the side, &c.; and after the eighth day all the symptoms appeared completely removed, by directing her to take a good deal of exercise in the open air, attention to diet, and particularly attend to the alvine evacuations, taking care that no accumulations took place. She continued, from that period up to the present, upwards of two years, in perfect health.

The other case was also of a very delicate female, æt. 20, from the country, of highly scrofulous character and nervous temperament, and who had been subjected to a similar treatment, on the supposition of the liver being the seat of the complaint; only, on account of the peculiar and violent effects of mercury on her constitution, the smallest quantity, in any shape, when exhibited, producing great debility, nervousness, hectic fever, cough, &c., it was more sparingly administered than in the preceding. In this case, as in the former, the pain was *lower* than the margin of the ribs; and the seat of pain and tenderness, when examined, seemed to correspond with the situation of the great arch of the colon; and the swelling had the same gibbous appearance as observed in former cases. Upon continuing the purging plan of treatment (without going into detail) much after the preceding, in milder doses, however, in consequence of greater debility; after continuing this practice for a few days, hardened fæces began to be voided, which was quickly followed by the same remarkable diminution of pain, tenderness, fulness, &c., and in a short time restoration to health,—at least such health as she had not enjoyed for a year preceding.

Another case was that of a gentleman, ætat. 35, of robust frame, strong and muscular, of the sanguine temperament. This person, whenever he allowed, for any time, his bowels to remain costive, was generally subject to a violent and acute attack of pain in the right side, accompanied frequently, or followed, by an attack of well-marked peritonitis. It was often found necessary in this case to pursue the antiphlogistic treatment most rigorously; copious bleeding, both general and local, fomentations, enemata, mild unirritating laxatives, &c. until inflammation was subdued. On the supposition that the liver was exclusively the seat and the cause of his complaints, his former medical attendants subjected him to long courses of mercury, exhibiting it both by inunction and mouth; as also to long and rigorous confinement, without either apparent benefit or injury to his constitution, or mitigation of pain, tenderness in the right side, &c., and although the mercury was twice pushed to salivation, and each time the salivation continued for some weeks, the mercurial treatment having failed in this case as in the preceding (although his strong constitution resisted its deleterious effects with impunity) either in removing pain, or lessening the sensibility of future attacks, he, after the salivations, having had three or four attacks in quick succession, I then determined upon trying the purgation plan, much as detailed heretofore, due allowance being made for difference of strength and constitution; and in some time after the expulsion of hardened fæces, the symptoms rapidly disappeared, with almost perfect remission of pain, &c.; and, by directing him to attend to the future state of the bowels, taking care that no partial retention of fæces were allowed, but that the bowels were fully and duly evacuated, attention to regular living, &c., he continues quite free from complaint of any kind, a period now upwards of eighteen months; although, previously to this, he was subject to attacks, as before mentioned, every three or six months.

There are a number of other cases which I do not think it necessary to add, sufficient, I trust, having been advanced to prove that the mistake of confounding all diseases of the digestive apparatus, accompanied with pain, tenderness in the right side, &c., with inflammation of the liver, acute or chronic, is one of a very serious nature: and to show that, by endeavoring to establish a more accurate diagnosis, a simpler, better, and safer mode of treatment might be adopted, and the injurious, and, in many constitutions (particularly when long continued), the deleterious effects of mercury avoided, as well as the inconvenience of long confinement; both of which may lay the foundation of future confirmed ill health, and at no remote period undermine the constitution, particularly in those of a strumous diathesis, or predisposed to pulmonary consumption.

III.

ACCOUNT OF THE POST-MORTEM EXAMINATION OF THE BODY OF PATRICK CONNELL, UPON WHOM MR. BRODIE PERFORMED THE OPERATION OF TYING THE EXTERNAL ILIAC ARTERY, IN THE YEAR 1828.

Patrick Connell was a patient under the care of Mr. Brodie, in St. George's Hospital, for inguinal aneurism, in the early part of the year 1828, and for which it was found necessary to tie the external iliac artery, which was accordingly performed with success by Mr. Brodie, on the 21st of February in that year. As the details of this case have been published in this Journal, (April 1828, p. 328,) I presume that the following account of the state of the patient subsequent to the operation, and of the appearances observed on dissection, will be interesting to your readers.

Since the performance of the operation, the patient, who had always been very unhealthy, and had been exposed to many hardships, has never been completely well, constantly suffering from cough and affection of the lungs; his legs became œdematous; and continuing thus to get worse, in the early part of the present year he became dropsical and died.

Upon examining the remains of the aneurismal tumor, it was found to be somewhat larger than a pigeon's egg, situated immediately below Poupart's ligament, and filled with a firm coagulum. Upon tracing the vessels connected with it, it was found that in this case the external iliac artery, instead of, as usual, giving off the epigastric and circumflexa ilii, and then becoming the common femoral artery, divided all at once into three large vessels; one of which again dividing, formed the epigastric and circumflexa ilii; another formed the profunda femoris, and the third continued its course as the superficial femoral artery. It was at this point of general division that the aneurism had formed, so that, in the preparation, the cut ends of several vessels are seen hanging from the tumor. The external iliac artery was entirely obliterated, from about three quarters of an inch above the tumor; the internal iliac was nearly twice as large as it is in ordinary circumstances, but appeared to be perfectly healthy; nor was there any appearance of disease found in the aorta. The operation had been most completely successful, and it would have been satisfactory to trace the anastomosis of the vessels; but the relatives of the deceased having a great objection to allowing an examination, it was necessary to perform it clandestinely, and the incision having been made in the loins only sufficiently large to admit the hand, and so remove the preparation, any further dissection was impossible.

Lond. Med. and Phys. Jour.

IV.

ON THE CAUSE OF DEATH IN MEMBRANOUS INFLAMMATIONS.

By M. Broussais.

The following are the conclusions to which the eccentric, but talented, Professor of Val de Grace has come on the above topic.

1. The membranous phlegmasiæ, more especially those of the abdomen, particularly gastritis and enteritis, frequently determine, even at the commencement, congestion in the brain and spinal marrow, sufficient to destroy life, if proper means be not promptly employed. This congestion often, as, for example, in infants, becomes the principal disease.

2. During the course of these inflammations, there exists *always* a sympathetic irritation of the brain and spinal marrow, which more or less accelerates the circulation and respiration, disturbs the sensorial functions, perverts the sensations, renders the voluntary muscles unfit for their offices, and, in a word, occasions all those nervous symptoms which we see in this class of diseases, even when they are most mild.

3. When these phlegmasiæ have profoundly altered the mucous membranes, and menace a fatal termination, very severe nervous symptoms are developed, such as delirium and convulsions, when the membranes of the brain are the chief seat of the sympathetic irritation—or coma, when the central parts of the cerebral mass are affected, and exhalation takes place into the cavities of the brain.

4. It is this irritation which always leaves traces of inflammatory action, that terminates life, *by functional disturbance*, whenever death occurs before encephalic effusion, hæmorrhage, or organic change in the great vital organs. It may be asserted that peritonitis, even where there is perforation of the gut, does not, in itself, occasion death, but only through the constitutional disturbance of the brain and nervous system, as before stated.

5. Finally, M. Broussais concludes that those alterations of struc-

ture which we see in acute diseases, hitherto called idiopathic fevers, are the effects of inflammation—and if, in certain parts of the said membrane, there be appearances of paleness, or even atrophy, these he attributes to the afflux of blood to various other parts of the body in articulo mortis, or during the last day or two of life.

Annales de la Médecine.

V.

SUGGESTIONS WITH REGARD TO THE GENERAL TREATMENT OF FRACTURES, WITH A DESCRIPTION AND MODE OF APPLICATION OF A NEW KIND OF SPLINTING, COMPOSED OF FELT.

Communicated for the Boston Medical and Surgical Journal.

By David S. C. H. Smith, M.D., of Sutton.

It must have occurred to every practising surgeon, that in fractures of the os femoris a shortening of the bone almost uniformly takes place. This phenomenon has generally been attributed to the right cause, viz. a contraction of its large and powerful muscles, particularly the flexors ; but the means to prevent it have been as generally mistaken. Much force has been thought necessary to prevent this contraction of the muscles, and for this purpose pullies and long splints, so applied as to keep the muscles constantly upon the stretch, have been resorted to. But the muscles under the action of these instruments, feeling a kind of sensation as if their fibres were about to be drawn asunder, contract powerfully, and not unfrequently take on a spasmodic action more than sufficient to counterbalance the extending power. The effect of violent extension upon muscles, is clearly illustrated in cases of dislocated shoulder joint. The deltoides, pectoralis and latissimus dorsi, are all inserted into the humerus, and contract powerfully whenever an attempt is made to put their fibres upon the stretch ; so much so, that it frequently becomes necessary to bleed and administer large doses of emetic medicines in order to reduce the vital energies of the system, before the muscles will yield sufficiently to allow the dislocation to be reduced. That this state of the muscular fibre does not exist previous to the application of the extending power, is clearly proved by the fact, that one quarter part of a force which otherwise would have been hardly sufficient to have answered the purpose intended, if applied instantaneously, will replace the head of the bone in its natural situation ; and this is precisely the manner in which those quacks in surgery, commonly called natural bone-setters, effect their object, though they are themselves ignorant of the principles upon which their success depends. Now, if it is a fact, that this state of the muscles is produced by putting their fibres upon the stretch, why apply this practice to cases of fracture, especially at a time when the irritability of the muscular fibre is greatly increased by the attending inflammation ? The advocates for permanent extension, however, may say that long-continued force will overcome this contraction of the muscles, and that they will at length yield the point to the extending power. We will suppose that for the first ten or twelve days the surgeon has been enabled by the use of pullies, splints and bandages, to keep the broken ends of the bone in a perfect state of coaptation; let me ask, what has he gained? Certainly nothing which will be ultimately useful to the limb; for no one pretends to say that even an effort is made towards a reunion of the broken bone short of about the fourteenth day. His pullies and splints therefore have had no other effect than to cause much unnecessary pain and suffering to the patient, increase the inflammation, and retard the cure.

The muscular contraction, which ultimately causes a permanent shortening of the limb, is one of a totally different character from that which I have described above. The former is a spasmodic action, and being one of high vital character, continues but a short time: the latter arises from a condensation of texture, analogous to that which takes place in severe burns; it commences when the former ceases, and scarcely any force which the patient can bear is capable of overcoming it. This condensation of the muscular fibre is produced by two different causes. The first of these is the inflammation, which always attends injuries of this kind, and which is greatly augmented by the splints, bandages, &c. which are generally applied immediately after the injury. Inflammation is known to have the same effect upon other textures. For instance, when it takes place in the cellular substance, it becomes almost obliterated; and the skin, after severe burns, frequently contracts so as to cause serious deformities. The second, but not the least active cause, in producing this state of the muscles, is the practice of confining them by permanent extension bandages, and improper splints; for whenever an organ is prevented from performing its natural functions, it parts with the vital properties which it before possessed, and becomes partially disorganized. An artery, when the vital current has ceased to course through it, degenerates into a ligamentary substance, and loses all its former elasticity which was so essential to the due performance of its functions. Consequently, the more closely a muscle is confined, either by fixing the limb permanently in one position, by the pressure of bandages applied next the limb, or by long-continued and powerful extension, the more sure it will be to take on this kind of condensation, and the more obstinate and irresistible it will be. The shortening which arises from this condensation of texture, no force which the patient can bear is capable of overcoming. For the first ten or twelve days the extending power appears to be answering the purpose intended; but it is this very extension which ultimately assists to destroy the vital character of the muscles, causes them to become condensed in texture, and to part with their peculiar mobility. Alternate relaxation and tension are so essential to a muscle, that whenever they are suspended for any considerable length of time, it loses its natural properties, and becomes gradually assimilated to the nature of the tendon which is appended to it.

Why is there no shortening of the limb in cases of fractured humerus? I answer, it is the absence of all the causes mentioned above. Permanent extension is not resorted to in these cases; the limb below the elbow is left unconfined; the patient moves about, his arm swinging by his side, the fore-arm is at liberty to be either flexed or extended, and the muscles being in this way a little exercised from time to time, do not part with their natural habitudes.

The indications, then, in every case of fracture, especially those of the leg and thigh, are, in the first place, to place the fractured bones as near as possible in a perfect state of coaptation, and the limb in a natural and easy position, which during this stage of the injury is to be kept constantly wet with spirit or spirit and water, at the same time making use of every other means within our power to subdue the inflammation, and avoiding everything which is calculated to heighten or excite it. While the inflammation continues, all motion is to be avoided, as much as possible. In fractures of the thigh, the limb may be laid over the double inclined plane of C. Bell. In those of the leg below the knee, the injured limb may be bedded securely on pillows, the knee being flexed almost at right angles, and the leg laid upon its outside, making no attempts in either case at forcibly retaining the broken bones in a perfect state of coaptation until the inflammation has subsided, when, if they are not found so, they may be easily placed in that situation, and so retained without the danger of producing a greater evil than that which we are attempting to remedy. In cases of fracture of the arm and fore-arm where there is not much injury of the soft parts, and the injury is not of such a nature as to render it necessary for the patient to keep his bed, the splints may be applied immediately after the injury, care being taken not to apply the dressings too tight. The splints ought to be so constructed as to press equally on every part of the limb with which they come in contact, and to give such a support, that the limb may be flexed and extended, and otherwise exercised from time to time without danger of displacing the broken bones.

The splints which I now offer to the medical public, a representation of which will be found in another column, and for which I have obtained a patent, are formed upon the above plan; they are, furthermore, composed of a material of much firmness and strength, and possessing at the same time the all-important property of being capable, simply by the application of heat, of being moulded into any form required, so as even to conform to the slightest elevations and depressions, as perfectly as would a cast of gypsum or clay.

The splints for the arm, fore-arm and thigh, are left in plain sheets, to be moulded to the limbs when wanted for use. The splint for the leg below the knee, is formed on a block representing rather more than a vertical half of the leg and foot from the knee to the ends of the toes. Connected with this by means of straps and buckles, is a counter splint to be applied to the inside of the leg, just below the knee, and is only to be used in cases of oblique fractures, and in connexion with the apparatus for fractured thigh.

The apparatus for fractured thigh consists of three splints, all composed of the material alluded to above. The upper one is a broad sheet, long enough to extend from the great trochanter to the knee, and wide enough, when bent, to fit the outside of the thigh, and envelope rather more than half its circumference. This splint is cut tapering at its upper extremity, to which are attached two straps, and directly opposite to these two buckles. This splint is connected to another below it, fitted to the outside half of the leg and foot (the same as that used for fractures of the leg below the knee), by a joint, the two arms of which move in two corresponding sheaths, one of which is fixed to the lower end of the thigh splint, and the other to the upper end of the leg splint; these arms are fixed in their places by screws, so that the apparatus may be taken apart at the knee, or lengthened or shortened at pleasure to suit the length of the limb. The accompanying plates will supersede the necessity of a more minute description.

The advantages which these splints possess over all others, are, that in a few minutes they can be accurately moulded to any limb of whatever form or size; and by pressing equally on every part, enveloping rather more than half the circumference of the limb, and extending its whole length, they afford a support which can be obtained in no other way. So perfect is the support afforded, that the limb may be considerably exercised from day to day by alternately flexing and extending it, without the least danger of displacing the broken bones; and in this manner we are enabled to guard against that kind of muscular contraction, alluded to above, which consists in a gradual condensation of texture, and which I consider to be the cause of the permanent shortening of the limb. In cases of fracture below the knee, the patient can sit up after the splint is applied, and even walk about with the assistance of crutches.

This material may also be used with advantage in the morbus coxarius. In this disease it is important that the joint should be kept in a state of perfect quietude, and for this purpose the plan of Dr. Physick is probably the best. But instead of having a carved hollow splint of wood, extending from the middle of the thorax, almost to the external malleolus, a splint of exactly the same form may be made of this material with much greater facility. Great care and a skilful carver are necessary to construct the wooden splint; whereas the felting may be adapted to the limb with great ease and accuracy, and the same support afforded as by the other. The same material may be applied with equal facility to any joint in which this scrofulous affection may occur, as the knee, ankle, shoulder or elbow, or in any case in which it may be important to keep the joint in a state of rest. That the adaptation of the splint may be perfect, a cast may be taken of the limb in gypsum, and a block moulded in this on which to make the splint; or a splint made on any other block can be softened and exactly fitted to the limb to which it is to be applied. Sometimes they are moulded on the leg of another person of nearly the same size.

In club-foot, or that deformity of the foot in which it is turned inward or outward, these splints offer a means of cure which ought entirely to supersede the pasteboard splints, tin boots, &c. which have heretofore been used. They can be so accurately shaped as to remedy the existing evil so gradually, that in most cases they can scarcely fail of effecting a cure. A case of this kind lately came under my management. An infant had the right foot turned inwards to such a degree, that on placing him erect he would bear on the outside of the foot and external malleolus. The ankle joint was also extended to the greatest possible degree, and scarcely admitted of any flexion.

The infant came under treatment at ten weeks old. A paste of gypsum was first prepared in the same manner as used by artists in taking casts, the foot carried as near a natural position as could be borne by the child without distress, and then the external side of the foot and leg covered by the paste, so as to enclose a little more than half of the limb. The foot was held exactly in this position till the paste, hardening, furnished a complete mould in which to cast a block. On this block the splint was made, and confined to the limb by a roller, after being lined with a piece of soft leather. This was removed every day, and gentle friction applied to the limb, and the joint bent in every direction as far as could be done without giving pain. As these motions became more extensive, other splints were used, bringing the foot still nearer its natural place. After the mal-position was in part corrected, the apparatus was applied to the inside of the leg. In a few weeks it had perfectly gained the motion of flexion and extension, and without the least uneasiness would bear a splint supporting it in its natural position. Their application did not retard the growth of the limb, produce any excoriation or soreness, or interfere with the health or apparent comfort of the child. When left free, it turns inward but little; and under a continued use of the same apparatus, this slight deformity is becoming daily less perceptible.

General Directions for applying the Splints.

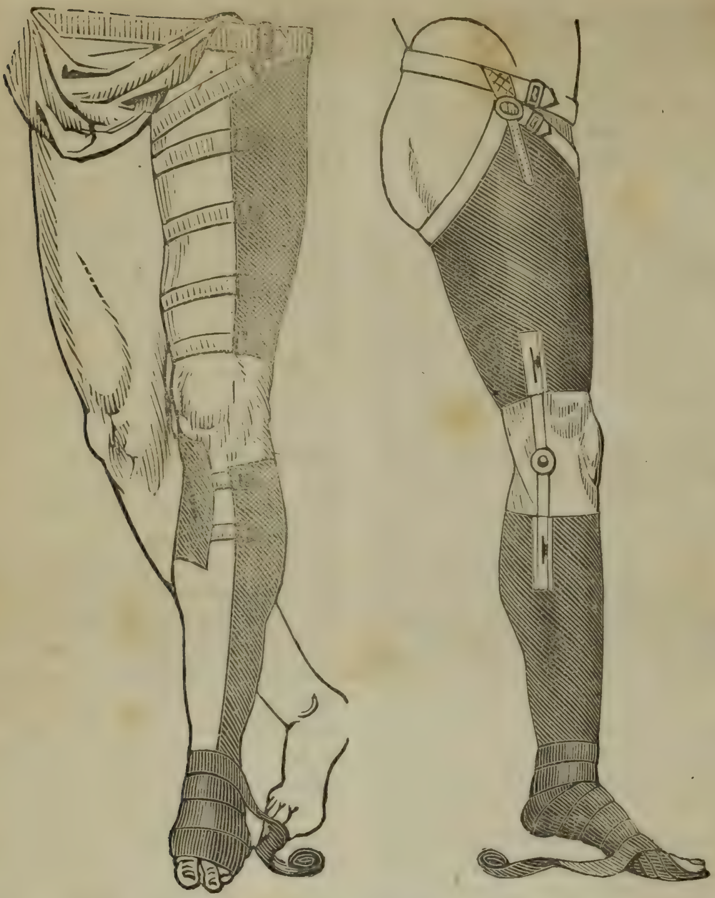
Having wrapped the limb in a piece of fine cotton cloth, hold the splint which you intend to use before a hot fire until it becomes soft and flexible. Then, while warm, apply it to the limb, pressing it snugly to it with your hands, until it takes its form, and is accurately adapted to every part with which it is intended to come in contact. Then apply a circular bandage snugly round the whole, from one end of the splint to the other.

The splint for fractures of the arm above the elbow, is to be applied to the back side of the arm as it hangs perpendicularly by the side of the body.

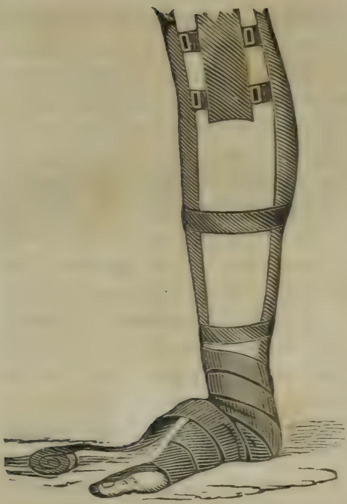
The splint for the fore-arm is to be applied to the outside of the arm and hand when the elbow is bent at a right angle, and the palm of the hand is turned towards the body. The arm must then be suspended in a sling.

Directions for using the Apparatus for fractured Thigh.

Fit the *leg-splint* to the outside of the leg and foot, and the *counter splint* to the inside of the leg, where the tibia swells to form a part of the knee-joint, bringing the upper end of it exactly level with the top of the tibia; then remove and line them with some soft material, reapply and connect the *counter splint* with its opposite by means of the straps and buckles, and apply a bandage round the whole from the knee to the ends of the toes. Fit the *thigh-splint* to the outside of the thigh, bringing the end to which the long straps are attached exactly to the top of the thigh bone, or which is the same thing, to the point of the process called the great trochanter. Then remove and line it with some soft material. Introduce one arm of the joint (which you are supposed previously to have removed for the better convenience of fitting the splint) into the sheath made to receive it at the lower end of the thigh-splint, and then connect it



with the *leg-splint*, slipping the other arm of the joint into the sheath made to receive it there. Then bring the *thigh-splint* to its former situation; bring the strap, which is attached obliquely, up through the groin, and the other round the pelvis, and connect them with their corresponding buckles. Then buckle the short straps which pass round the thigh. During this process the limb must be kept extended. While this extension is continued, the screws are to be introduced and turned firmly down, so as to prevent all motion between the arms of the joints and their sheaths. The extension made use of ought in no case to be more than is just sufficient to bring the broken ends of the bones into a state of apposition. The muscles ought in no case to be put upon a painful stretch or extended beyond their natural length. The bandaging is then to be continued from the knee to the groin, and a few turns passed round the pelvis. The limb is then to be kept in an easy state of flexion, either by placing it over the double inclined plane of C. Bell, or by properly supporting it with pillows placed under the ham. No bandage is in any case to be applied next the limb. The limb during the cure must not be kept constantly



in one position; at one time it may be bent almost at right angles; at another, laid straight; and the limb ought to be considerably exercised from day to day, by flexing and extending it. The double inclined plane of Bell ought to be constructed with a hinge, made of leather or iron, at the point where the two planes meet, so that the apparatus can be easily flexed or extended. It may be fixed at the point of flexion required, by a strap or narrow piece of board, passing from the lower part of one of the planes to the other, and secured by a moveable pin at one end.

VI.

TRISMUS NASCENTIUM.

By Charles Woodworth, M.D., of Kingston, Mississippi.

Communicated for the Boston Medical and Surgical Journal.

Trismus Nascentium is a disease which prevails extensively throughout some portions of the Southern States. Its ravages are exclusively confined to those infants who have just passed the threshold of life. It prevails mostly among black children, though white children are occasionally attacked with it. It sometimes assumes an endemic character. On one plantation in this neighborhood, nine children have been attacked with it, all of whom have died; and a lady in Wilkinson county says that near fifty black children have died of it, on her father's plantation. Dr. Cullen says that its subjects are infants not above two weeks old, and commonly not above nine days. Dr. Good says that it occurs chiefly between the ninth and fourteenth day. But Dr. Thomas, who had considerable experience in the disease in the West Indies, affirms that infants are never attacked with it after the ninth day of their age;—and this observation is applicable to the disease in this country, so far as my observation and experience extend, for I have never known an attack of it after the ninth day. Its causes have been ascribed

1st. To cold.

2d. To smoke.

3d. To retention of the meconium.

4th. To confined air.

5th. To dividing the funis umbilicalis in an improper manner.

6th. To the ulceration which succeeds the falling off of the funis.

7th. To irritation in the intestinal canal.

In the following case I had a better opportunity than usual of observing the progress of the disease. The subject of it was a child of white parents, and I think that the circumstances of the case will show conclusively that the disease could not have originated in that particular instance from any of the first six of the above enumerated causes.

Jane W. was born on the morning of the 24th October, 1831, after a short and easy labor. She was of good size and apparently healthy. The umbilical cord was carefully tied about an inch and a half from the abdomen, and again about two inches and a half, and then divided between the ligatures with a pair of sharp surgeon's scissors. It was then carefully dressed in the usual way by confining it between the folds of a piece of linen.

She was early put to the mother's breast, the milk of which proving sufficiently cathartic, the meconium passed off freely for the first three days. After that time her passages, though not more frequent than usual, were watery, with an admixture of curdled milk, showing a deficiency in the digestive powers.

On the 26th, the piece of linen in which the remaining portion of the umbilical cord was inclosed was observed to be dry and hard, and the portion of the funis itself to be reduced to a small size. To prevent irritation it was separated with a pair of sharp scissors about three-fourths of an inch from the abdomen, and the umbilicus dressed with ung. simplex every day till the 31st. It looked better each day, not the least degree of ulceration taking place. On the 31st it appeared well, excepting a slight degree of redness, and a thin piece of sheet lead was confined upon it.

On the evening of the 29th she refused to nurse, and it was suspected that her mouth was sore. On examination, the edge of the tongue appeared to be a little sore, but no other symptoms of disease were discoverable. Four drops of paregoric were given her by her nurse.

Oct. 30th. The child still refused the breast, but appeared to be hungry, and took milk freely from a teaspoon. There appeared to be a slight degree of stiffness and immobility of the jaw, but on examination, which was frequently made through the day, it was found that her mouth could be easily opened and she had not lost the power of moving the jaw. As her bowels were not sufficiently free, three grains of magnesia were given before noon and repeated at three o'clock, without producing any effect. At five o'clock there appeared to be a slight spasmodic affection about the throat, and a drop of laudanum was given. At nine o'clock, a teaspoonful of Epsom salts and a drop of laudanum.

Oct 31st. At four o'clock in the morning, I was called to see her again, and found her affected with general spasms and rigidity of the muscles of the jaws. Gave three grains of calomel, and at six o'clock three more. Has had, since yesterday morning, two or three small watery dejections, intermixed as before with curdled milk, but nothing has been discharged which appeared to be the effect of the cathartics. At seven o'clock, introduced a suppository of tobacco, followed by another of soap, which produced a trifling discharge of dark green matter. At nine o'clock, put her into the warm bath for ten minutes. After the bath, gave a large dose of senna tea. Spasms still continue in paroxysms. At three o'clock, P. M., gave her two drops of laudanum and five drops of paregoric. At nine o'clock, no stool since morning; spasms continue unabated; gave six grains of calomel. Introduced the soap suppository, but no motion was produced.

Nov. 1st, six o'clock, A. M. She has had two scanty stools through the night, of a dark green color and good consistence. Spasms have continued at intervals through the night. Soon after taking the six grain dose of calomel, profuse perspiration broke out, which continued for about two hours, when her skin again became dry, and so continued through the night. Her pulse has been variable, sometimes imperceptible, but never so distinct as to admit of its being counted. She is growing weaker, and her extremities appear to be more affected with spasms than her jaws.

She took no medicine through the day excepting a little manna, which was swallowed with much difficulty. Spasms continued through the day; and she expired at six o'clock in the evening, lacking a few hours of being nine days old.

The weather during this period was temperate, and the room sufficiently close, but well ventilated, with a moderate fire in it. There was no smoke in the room, as the chimney carried it up remarkably well.

I think it must appear conclusive that in the above case, the disease could not have been produced by either of the six of the first named causes. It is evident to me that it was produced by irritation in the intestinal canal. The functions of digestion were evidently impaired for two or three days before the attack. Those physicians who attribute the disease to tying or dividing the funis umbilicalis in an improper manner, must forget, I think, that the funis is not supplied with nerves.

Fatal as this disease has hitherto been, we ought not to despair of being able to treat it with success. A correct pathology will lead to a correct method of treatment, and that can be obtained only by induction from pre-established facts. If a derangement of the digestive organs should be found to be the cause of the disease, it will throw much light on the pathology, and consequently upon the treatment of this hitherto obscure disease, which has been styled by an able physician the "opprobrium medicorum."

[We apprehend that the disease which forms the subject of the preceding communication, would be rare, if the practice were more general of procuring early and thorough evacuation of the alimentary canal, by means of castor oil. In examining the bodies of infants who have died of convulsive or spasmodic diseases, some portion of the meconium has usually, if not always, been found in some part of this canal; and where we have administered a drachm or two of oil, within an hour of the birth, which is our usual custom, we have never known any spasmodic affection to occur afterwards.—Ed.]

VII.

A SINGLE THOUGHT ON THE EXPEDIENCY OF CURING CERTAIN DISEASES OF THE SURFACE.

By Chandler Robbins, M.D.

Read before the Boston Society for Medical Improvement, October, 1831, and published in this Journal by order of the Publishing Committee.

Gentlemen—I shall detain you but a few moments from the discussion of the interesting question which has been selected for this evening, for I propose only to state a single law in pathology which is somewhat obscure in its application, yet not so much respected as it should be in the treatment of disease.

There are occurring, I presume, in the practice of all, cases in which the cure of local complaints of the surface accompanied by discharge, produces bad effects. Numerous instances of this kind have fallen under my notice; and some of them very melancholy in their termination. Being on a visit, a short time ago, to a friend in the country, a lady, during a morning visit, showed me her arm covered with the scales of psoriasis, and asked if I did not think corrosive sublimate would be good for her. I dismissed the subject, as we all do in such cases, as speedily as possible, but with an affirmative:—meaning, of course, the *internal* use of that medicine. A few months after, I accidentally heard that this lady was dangerously ill of a disease of the kidneys; that she had placed herself under my care, and that the course I prescribed had cured the disease, but induced another which was about to terminate her life. On inquiry I found that she reported my reply to her physician, who forthwith prepared a *wash* of the muriate, which was applied with great punctuality, and without constitutional treatment. This lady died shortly after, of this same disease of the kidneys.

A distinguished literary gentleman in this vicinity related to me a like history of his mother, whose death succeeded and was doubtless caused by the regular, scientific, secundem artem cure of a similar eruption. A third is now present in my mind, and a few moments' reflection would bring a host of others.

Yet cases of the same disease, and others much worse, are daily cured by quack ointments or regular prescriptions, by washes, baths, &c. without any bad consequences whatever. Under these circumstances,—knowing all these facts,—when a case presents itself for treatment what course are we to adopt? Suppose we have the medicine in our hands, which we know will answer the immediate purpose of the patient, how are we to decide whether its use may not eventually endanger organs more important to life, and perhaps the life itself of one who throws himself entirely on our judgment. This is the great question, and it is one which has received a great variety of answers.

It appears to me, that in deciding it, the plainest rule is, to ground our opinion of the probable effects of removing the disease, on the effect its access or establishment produced on the general health.

The disease has either improved the health, injured it, or produced on it no perceptible effect.

1. In the first place, we can seldom fail by close inquiry, to bring to the recollection of the patient some local difficulty, some dyspectic trouble, or pulmonary irritation, some morbid paleness of the skin, or other unhealthy condition, which left him about the time the cutaneous affection made its appearance. If this is the case, and the system continues to perform its functions more freely since the establishment of the eruption, it appears to me we should proceed with extreme caution, and if we do anything, act chiefly through the system at large. A single case will illustrate this rule.

A gentleman whose health had been delicate from his youth, but improved on the eruption in his groin of a disease commonly called salt rheum (a name which is derived, I presume, from the saline properties of the rheum or discharge which attends it), allowed the disease to remain by him many years. At length he applied to it some rose-water ointment, which removed it in the course of a few days:

the discharge ceased, the itching abated, and, after a time, the diseased skin gave way to a healthy one. Several weeks after this, he was attacked by hepatitis, and suffered excessive pain both night and day, until the free use of calomel, vesication and bleeding, gave him relief. It may be thought that the affection of the liver was not connected with that of the skin. The sequel of the case seems to show that it was. For twenty-five years this gentleman was subject, several times in each year, to similar attacks, and seldom, until the mercurial and blister took effect, did he get any abatement of his pain.

About twelve years ago, the eruption reappeared in the groin, and the attacks of hepatitis ceased. Occasionally, however, a slight return of the pain compelled him to rise in the night and swallow a calomel pill,—which he always kept in his chamber,—and at these times, he informed me, that the groin had always for several weeks been smooth and dry.

At length the liver complaint left him; but in its place, whenever the eruption had disappeared, he became harassed by a dry, hard cough, which resisted treatment with great obstinacy. Always, however, as the cough abated, slight itching was felt in the groin, and by rubbing it smartly, the surface became abraded, moisture oozed out of it, and the cough departed as by magic. I have often wondered that a cough which so agitated the whole frame, and interrupted the night's repose, could continue so long and recur so often, without inducing structural disease of the lungs; yet, in this case, no such result has been perceived; the patient is now in good health, and annoyed only by the itching and discharge of the cutaneous disease. For this he has uniformly declined taking any internal remedies, and has learned to avoid those which are external and local.

I have used the term hepatitis, perhaps improperly in the foregoing detail. The paroxysms were unattended by fever, and consisted of excruciating pain in the region of the liver, cloudy yellowness of the skin, and prostration of strength. The substitution of cough for this disease was probably occasioned by his removal from a warm to a cold climate.

In the case thus briefly stated, there appears to have been an evident alternation between the disease of the surface, and that of the liver and lungs: and it is hard to avoid the conclusion, that the latter organs would have escaped entirely, if the eruption had been encouraged from the first. There seemed to have been some element in the circulating fluid which required to be thus poured out, and which, if long retained, acted as a poison, or, in other words, excited disease in the organs most predisposed to morbid action. There may be too much of humoral pathology in this idea to suit the sentiments of this age; but I apprehend that no man can labor long in the field in which circumstances have called me to toil, without imbibing a greater respect for those doctrines than we have been taught, by the great masters of our pupilage, to entertain for them.

The blister, in the case related, did certainly produce ease, but it required the aid of other and very powerful evacuants; and then its effect was slow and hesitating: though the irritation it produced was great, and the discharge abundant, it never acted with the immediate, and decided, and finished relief, which attended the slight itching and scarcely perceptible oozing on the diseased surface.

Let us take this patient in his present condition. Can a doubt rest on the mind of any one, that an attempt to cure his salt rheum, and particularly by external applications, would be hazardous and unjustifiable ? Certainly not ; and we are led to this conclusion by the fact that his health has been evidently improved by the discharge, and, as a natural consequence, suffered whenever it was arrested.

2. But if, in the second place, the previous health was good, and the disease has proved only a source of constitutional irritation and general uneasiness, and still continues such, then there can, I think, be no hesitation in applying our remedies, and curing it as effectually as possible.

I say "and still continues such," for it is well known to happen frequently, as in some forms of porrigo, that the eruption, contracted perhaps by inoculation, proves at first a source of constitutional disturbance ; but, after a time, the system becomes habituated to it, the health is recovered, and the patient carries his disease about as an accustomed, and almost necessary stimulus. A rapid cure, under such circumstances, would doubtless be ill-judged. A lady of my acquaintance, of nervous temperament, made at night an external application to a cutaneous eruption of this nature, and before morning was attacked by a disease of the brain, of which she died ; and a merchant, whose case is well known to most of you, by similar means was made a maniac, and, subsequently, a felo de se. In all cases of this kind, the decision respecting a cure should be the same as before, i. e. if we act at all, it should be through the system at large.

I am aware there are many instances in which the health, having been good previous to the eruption of the disease, has not been apparently changed by it, either for better or worse. In such cases we are to be governed by numerous circumstances which would require much time to detail and illustrate. Generally, however, unless some external cause can be detected, the disease should be regarded as an early effort of the constitution to relieve itself of that, which would, if retained and accumulated, become eventually a source of more serious trouble. I have recently known two persons die of rapid and overwhelming febrile disease, who had, a few months before, thus incautiously healed up a small spot of commencing psoriasis, which appeared to them of trifling importance. Other cases might be collected, of sudden and violent and fatal diseases of the brain, and other organs, occurring under similar circumstances. In most cases of this kind, therefore, we should proceed cautiously, and never without constitutional treatment.

With these explanations I will repeat that the plainest rule with regard to the expediency of curing diseases of the surface such as I have referred to, appears to be, to ground our opinion of the probable effect of removing them, on the effect their access and establishment have produced on the general health. This rule I have been in the habit of regarding for many years, and it has never yet, to my knowledge, led me into trouble : and being more and more convinced, that, for all practical purposes, it is better than any of the nosological distinctions with which our books abound, I hope to be excused for offering it to the notice of those members of the society, who may think the subject of any importance.

MEDICAL JOURNAL.

BOSTON, DECEMBER 13, 1831.

INFLUENZA.

An influenza has been prevailing extensively in this city for the last three or four weeks, and still continues to afflict many families. Its symptoms are the same as at former periods, and are too familiar to every practising physician to require enumeration. As in times past, its immediate are not so serious as its more remote consequences, and it becomes all who are seized to watch vigilantly, lest any severe injury comes of it to some vital organ. Several cases in which the disease has terminated in ulcerated sore throat, have already proved fatal.

The same disease, we understand, is extensively prevalent in New York, Pennsylvania, and Maryland.

THE CHOLERA.

The latest speculation respecting the nature of this disease and its mode of communication, allies it to the influenza, the dengue, and other complaints that have an atmospheric origin;—diseases that spread wide, and pervade cities and families, but cannot yet be considered as in any way communicable by contagion. This view of the subject is taken by Dr. Smith of New York, and though it is as plausible as any other, yet we hope it may prove false. It were certainly better that it should be of a nature to be excluded from our shores by proper measures of police, than so entirely beyond human control as are all meteoratious epidemics.

The opinions we allude to are contained in an Inaugural Address delivered at New York, by Dr. Smith, one of the professors of the College of Physicians and Surgeons. He ranks all epidemics under three classes, viz.

1st. Contagious epidemics—or those diseases which arise from specific poisons, generated by disease in the human body, and communicable to healthy persons by both mediate and immediate contact. Their extensive prevalence is favored by a peculiar state of the general atmosphere.

2d. Infectious epidemics—or those forms of disease, mostly fevers, which prevail in the summer and autumn, and which are produced by the miasmata or malaria exhaled from decomposing animal and vegetable substances.

3d. Meteoratious epidemics—or such diseases as originate from certain insensible or secret qualities of the general atmosphere. They prevail in all situations and seasons, and often spread over extensive tracts of land and ocean.

After showing his reasons for believing that the Cholera is neither contagious nor infectious, he thus offers his views of its true character.

In deciding that the disease does not belong to the first two classes of epidemics, we are naturally led to reduce it to the third; and that this classification is not arbitrary or forced, will clearly appear upon comparing the phenomena of the disease with those of epidemics, which are generally allowed to be of meteoratious origin. But in coming to this conclusion, it is not pretended that any advancement is made in our knowledge of the essential nature of the cause of cholera. The influences of the atmosphere which are productive of disease, are of two kinds, namely, *sensible* and *insensible* or *occult;* the latter constitute the epidemic constitutions of Sydenham and other writers, or what may more properly be denominated insensible or *epidemic meteoration.* As a general or wide-spreading cause of disease, epidemic meteoration prevails in every variety of the sensible qualities of the air. Thus, the cause of cholera is observed to operate in every season and climate, though most destructive in the warm months, owing, probably, to the exciting causes of the malady being then more numerous and powerful. Among the congeners of cholera is influenza, a common and well-known epidemic. It appears in the hottest as well as the coldest weather, and in countries of every topographical variety. Like cholera, it springs up suddenly, and after prevailing from four to six weeks, rapidly abates and disappears. Sometimes it occurs simultaneously in places remote from one another, and spreading from these, eventually overruns a whole continent, and sometimes the whole earth. It often seizes on thousands in the first few days of its prevalence. In these and other respects the two diseases closely resemble each other in their epidemic character.

As examples of other diseases originating from epidemic meteoration, may be mentioned some of the forms of angina; the fatal spotted fever which prevailed a few years since in New England; the epidemic pneumonia typhoides which overspread the northern states in 1812 and 1813; and the disease known by the name of the Dengue, so recently prevalent in the islands of the Antilles, and on the continental shores of the Gulf of Mexico. Among the more ancient meteoratious epidemics, is the fatal *Sudor Anglicus,* which prevailed in England in 1485; and which, like cholera, attacked all classes, and continued its ravages for a few weeks only—about the period, it is said, of an influenza.

> "This rapid fury, not like other pests
> Pursued a gradual course, but in a day
> Rush'd as a storm o'er half the astonish'd isle,
> And strew'd with sudden carcasses the land."

All these diseases, as well as some others of an anomalous character, depend upon certain influences of the atmosphere, the precise nature of which has hitherto eluded inquiry. The existence of these influences is known only by their effects. Assembled under the general head of epidemic meteoration, they constitute the most extensive class of epidemic causes. Some of the older philosophers supposed the morbific properties of the air were derived from mineral poisons exhaled from the interior of the earth. Others supposed them to originate from planetary influence. But these opinions are purely conjectural. If meteoratious epidemics arise from extraneous substances diffused in the atmosphere, then the number and variety of those substances must correspond with the number and variety of diseases they are supposed to produce. That this is the fact, cannot be admitted as even probable. The only hypothesis which appears at all plausible is, that the epidemic causes in question are nothing more than certain alterations in the relative quantities or conditions of the constituent elements of the atmosphere. The changes in the sensible qualities of the air are great and various; and we can readily imagine that the changes in its insensible properties are equally so. The ultimate occasions of those changes are beyond our penetration. In this view of the subject, the writers on cholera have hinted that the

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

Vol. V.] TUESDAY, DECEMBER 20, 1831. [No. 19.

I.

HISTORY OF A CASE OF HYDROPHOBIA, NOT ARISING FROM AN ASCERTAINED CAUSE.

By Daniel Drake, M.D.

The symptoms, termination, and morbid appearance, on dissection, of the following case, prove it to have been true hydrophobia (*rabies*) ; and, still, the unfortunate young man had not been bitten by an animal of any kind. The case seems, therefore, worthy of being reported.

The patient, Josiah Morehead, jr., by trade a tanner, was 23 years of age. On Sunday, the first of May, 1831, complained of feeling unwell, without indicating to his friends any particular symptoms, except a general muscular soreness, and oppressed breathing. On Monday morning, said he had not rested well the night before, and did not rise as usual. At seven o'clock, his mother carried him a cup of coffee. On taking the saucer in his hand, and carrying it towards his lips, he jerked his head back ; and after making two or three unsuccessful efforts, concluded that the steam made him start. The coffee was then cooled, and offered to him again, but with the same result ; and the repetition produced some slight spasms of the muscles of the upper part of the body. Neither he nor his friends, at this time, seem, however, to have thought of hydrophobia ; but Dr. Woolley was immediately called in. Finding his pulse active, and his tongue furred, the doctor bled him to 16 or 20 ounces, and ordered him 30 grains of calomel, incorporated with powdered sugar. He was calm and rational ; but it was not without much difficulty, that he succeeded in licking up and swallowing, in the most gradual manner, the dry powder. His spasmodic agitation increasing, Professor Cobb, Dr. Robert Moorhead, and myself, were sent for, and first saw him about the middle of the day. The experiment of offering him drinks was repeated, in our presence ; but he could not suffer them to approach his mouth ; and the attempt excited most painful and universal agitation, attended with sudden screams, and great but undefinable alarm. His pulse was rapid. No delirium existed, and he made constant efforts to keep himself composed. The question of hydrophobia having been started in the family, he was, for the purpose of tranquillizing his feelings, assured that he did not labor under that disease. An enema was ordered, which agitated him very much, and with difficulty he succeeded in swallowing a dose of calomel and opium, in powder. In the afternoon, he lost about 30 ounces of blood. At bed time, a considerable degree of emphysema was discovered near his clavicles, and on the sides of his neck. Through the night, he took a quantity of sulphate of morphia with sugar.

On Tuesday morning, we found that he had slept none. The calomel had operated once or twice, copiously. His agitation and sudden startings were somewhat mitigated, but the waterdread was unabated; and after repeated trials, having the fluid both in open and covered vessels, we gave up all further attempts. In these experiments, his own exertions were great and persevering. He would carry the vessel, slowly and obliquely, towards his mouth; but as it approached his lips, his head would suddenly recede, his countenance assume an expression of alarm and horror, and the muscles of his chest, neck, and arms, generally, take on a spasmodic action, producing an exceedingly embarrassed respiration. His breathing was, indeed, constantly straitened, and, occasionally, he coughed; which, taken in connexion with the external emphysema, suggested the possibility that the lesion of the bronchia had taken place; which, permitting the extravasation of air in the neighborhood of the œsophagus and trachea, might, *possibly*, occasion disphagia and dispnœa. Under this impression, I attempted, in the afternoon, to examine him with the stethoscope; but, notwithstanding his utmost efforts to lie still, the touch of the cylinder excited so much flurry, that no successful observation could be made. No further administration of medicine was now attempted, but cupping beneath the clavicles was ordered. Very little blood was drawn, and the operation greatly increased his spasmodic agitation. Before night, he started incessantly, in the utmost terror; the slightest touch, even of his hair, would excite a universal muscular contraction—greatest, however, in the muscles of respiration—and it became necessary to surround his bed with several resolute persons to keep him in it. He frothed at the mouth, but manifested no disposition to bite, and retained his senses so perfectly, as to be conscious of his approaching end, and make rational, Christian preparation to meet it. Two or three hours before his death, he shook hands with his friends, and bade them farewell; not long after which, his agitations began to subside, and it soon became obvious that he was *in articulo mortis*. He expired about 8 o'clock in the evening, 36 hours after the dread of water first manifested itself.

EXAMINATION OF THE BODY 19 HOURS AFTER DEATH, BY PROF. COBB, IN THE PRESENCE OF SEVERAL MEDICAL GENTLEMEN.—Corpse stiff. Complexion, a dark sallow. Extensive emphysema of the subcutaneous parts—greatest, about the throat and neck, but extending to the shoulders and the whole of the chest. On raising the sternum, which led to no escape of air, the cellular tissue of the anterior medrastinum was found in the same condition, as was, also, the cellular substance around the trachea and œsophagus. Considerable portions of the pericardium, and of the pleura covering the diaphragm, were dry. The lungs collapsed, and were not emphysematous, except a small portion near the heart. The mucous membrane of the larynx, trachea, and bronchia, was highly inflamed, and covered with frothy mucus. No orifice could be discovered, through which the air had escaped. The heart was sound. The lining membrane of the pharynx, like that of the trachea, was inflamed; that of the œsophagus healthy; that of the stomach nearly natural, but the organ contained a pint of dark colored fluid, though he had drank nothing for 48 hours. Most of this was, *perhaps*, the secretion from the trachea and bronchia. The liver, spleen, and pancreas, were healthy. No other parts of the body were examined.

The phenomena and morbid anatomy of this, as of most cases of hydrophobia,[*] show that the parts which are supplied by the nerves of respiration, were the chief seats of the disease. Thus, the muscles affected with spasms, were chiefly the respiratory; the emphysema was confined to the chest and neck; a great deal of dyspnœa, from spasmodic action, was present, throughout the whole course of the disease; and, on dissection, the mucous membrane of the pharynx, larynx, trachea, and bronchia, was found to have been inflamed. The late Professor Dorsey has reported, in the Medical Museum, Vol. 4, a case, which proved fatal under circumstances, that suggested to those who saw it, the opinion that the patient died from closure of the rima glottidis by spasmodic action.

The learned authors of the Dict. de Sci. Med., art. *Rage*, hold the following language in reference to the seat of this malady:

"The scalpel carried into the aerial passages—the larynx, trachea, and bronchia, discloses traces of inflammation, which are the more manifest, the farther we descend into the organ. In the bronchial ramifications, the mucous membrane has the color of the lees of wine. In four dissections, we found frothy mucus in the bronchia, and either in the larynx or trachea. This mucus was mixed with a little blood in the bronchia of one of these subjects, while it was as white as snow in another."

Other parts, according to these gentlemen, are generally free from the traces of disease.

The aerial passages, then, are the seats of the frothy discharge from the mouths of rabid animals; and this froth constitutes the virus that propagates the disease. If it should happen not to be present in the mouth of the animal at the moment when he bites, the malady will not be communicated.

If we regard the disease with which Morehead died, as a case of true hydrophobia, how can we explain its origin? Did it arise independently of the infection of a rabid animal? Has such a case as this, ever thus arisen, in the human subject, or in any animal, not of the natural orders, which embrace the cat and dog? This question, it would seem, must be answered in the negative. In reference to the present case, the only explanation which has suggested itself to my own mind, or to that of my colleagues, is the following.—For the last year, canine madness has been, in some degree, endemic in and around Cincinnati. At least one person has died in an adjoining county, from the bite of a mad dog; and many domestic animals have been lost from the same cause. The skin of one of these, having the hair besmeared with the frothy discharge from the animal's mouth, had probably been taken to the tannery, where this young man was an operative. Six or eight weeks before his death, he was burnt on one of his fingers, and at the time of the attack the sore was still covered with a scab. To this sore the infection, thus conveyed, might have been applied, and occasioned the disease.

But to this theory of its origin, may be opposed the prevailing belief of the profession, that the morbid secretions of herbivorous animals cannot communicate the disease. Is this, however, the fact? Is not the testimony on this subject chiefly negative, and, therefore, inconclusive? I am not aware, that animals which do not bite when angry, are prone to do so, when affected with hydrophobia; and hence, the possibility of their communicating the disease may not have been demonstrated. The secretions of their mucous membranes, inflamed by hydrophobia, may be poisonous; but are not likely often to be inoculated, simply because such animals are not prone to bite. If the discharge from the mouth of a man affected with true hydrophobia, can excite the disease, I see no conclusive reason, why that from an animal purely herbivorous may not. The communication of the vaccine disease from the cow to the human subject, and the mortality of dogs and cats, during the prevalence of certain epidemics among our species, indicate conclusively the existence of several identities between the human race and certain genera of the lower animals. It has been questioned, however, whether the bite of a rabid man can communicate the disease. But from the dread which this malady inspires in all who are called to the bed-side of such patients, as well as from the care and solicitude of the infected, it is not probable that they have often attempted, or been allowed, to bite others. Moreover, the following experiment, by two distinguished physiologists, would seem to establish the affirmative of the proposition:

"On the 19th of June, 1813, in the Hotel Dieu, of Paris, Messrs. Magendie and Brechet, impregnated a bit of linen rag with the saliva of a man who died of hydrophobia a few minutes afterwards; and, carrying it about twenty paces from the bed-side of the patient, inoculated two dogs with it. One of them went mad on the 27th of July, and bit two others, of which one became rabid on the 26th of August."—*Dict. des Sciences Medicales*, *Art. Rage.*

From this experiment, conducted in presence of a class of medical students, I feel justified in concluding, that the discharge from the mouth of a rabid man may be infectious, and, by analogy, am led to believe, that herbivorous quadrupeds may, likewise, propagate the disease. If that of the unfortunate patient, Morehead, was not thus excited, I can offer no explanation of its origin.

A few weeks after its occurrence, I heard of a case, which, from report, seemed likely to throw some light on this obscure subject. A fisherman, named Clark, was said to have been bitten by a rabid horse, and actually to labor under hydrophobia. He was in the care of several of the "Steam, or Botanical Doctors," who have, for the last few years, been epidemic in the northern and western states. Obtaining permission to visit the patient, I saw him three times, in company with other medical gentlemen; and satisfied myself, as they also were satisfied, that his disease was not hydrophobia.—Several months before, in attempting to drench his horse, which was said to have been bitten by a mad dog, he received a light wound, which gave him great alarm, and excited in his system a decided state of nervous irritation. All his sensibilities became morbid, and distressing apprehensions of the result, were awakened and sustained. A species of hysteria, in short, was the consequence, and in this condition, he at last took to his bed, and summoned the "steamers," who, for two or three weeks, surrounded him with hot bricks, and drenched him with a decoction of lobelia inflata, which, with various other medicinal draughts, he drank without difficulty. The case, if it proved anything, went to support the opinion, that an herbivorous animal cannot communicate the disease.—*Western Medical Journal.*

II.

OVARIAN TUMOR CURED BY PUNCTURE AND IRRITATING INJECTIONS.

A CASE of this kind is detailed in the Transactions of the Medical Society of Lyon, by M. RIGOLLOT. The patient was 23 years of age, who experienced, after an accouchement, an attack of uterine inflammation, that was not very skilfully treated. The disease became chronic, attended with dull settled pain in the ovarian region, and general ailing. The abdomen became swollen, and slow consumptive fever supervened. Exciting medicines administered (under the supposition *that the disease was tympanitis*), aggravated materially all its symptoms. When M. Rigollot was called to examine the patient, her emaciation was extreme, her fever continued, the abdomen prominent in its anterior and left lateral part, and obscure fluctuation was perceptible. The tumor was punctured, and ten or twelve pounds of purulent, fœtid, and greenish fluid, escaped through the canula.

Twenty days after, a second puncture was made, which gave issue to some matter, and the cavity was then injected with a decoction of plantain and red rose leaves, with a little wine. Acute pain was endured while the injection remained in the cyst. After its entire discharge, the surgeon kneaded the cyst with his fingers, in order to determine its inflammation. Intense pain, vomiting, and swelling of the abdomen quickly ensued, and were energetically treated with antiphlogistic measures. In a month the cure was complete. The patient, nevertheless, retained in the abdomen a small, oblong indolent tumor, doubtless formed by the adherent parietes of the cyst.

We would caution junior and "bold surgeons" against too confident expectations from tapping and injecting ovarian cysts. We have witnessed some of these operations; but the results were not of an encouraging nature. When we reflect on the well known fact, that these cysts are almost always divided into compartments, having little or no communication with each other, it will be evident that we cannot evacuate them by puncture; and that to excite inflammation in one or two of these compartments will only tend to increase effusion into the others. Besides, the inflammation itself of the cyst is no trifling danger. In most of the operations which we have witnessed, the patients died of this inflammation—even from common puncture. Within these few days (5th August) we have witnessed a fatal case of inflammation of the cyst of an ovarian tumor without any operation; and as the case is curious we shall here state a few of the particulars. The patient was a lady about 35 or 38 years of age, who had a tumor in the centre of the abdomen, which was perfectly circumscribed, excepting inferiorly. The early history of the case could not be obtained, and therefore it was not ascertained whether or not the tumor originated in one side of the abdomen. Two or three times this tumor appeared to be the seat of acute inflammation, and required very active depletion. A similar attack occurred early in August last, and Mr. Skair, of Castle street, employed the same means as formerly used, viz. copious depletion, but without the same success. Instead of a speedy cessation of pain, as formerly the result of venesection, the patient fell into a state of exhaustion, with laborious breathing, cold extremities, and great restlessness. From this state she could not be roused by cordials, and she died in less than 24 hours. Mr. Thomas, Mr. Skair, and Mr. Nicholson, examined the body, and we were present at the examination. The tumor resembled a uterus in the sixth or seventh month of pregnancy. It was almost black, so completely injected were the vessels of the cyst. In short, it looked as if it were in a state of incipient gangrene. Yet, strange to say, there was not the slightest adhesion between it and the surrounding intestines, nor any effusion of fluid in the abdomen. No other part was inflamed except the sac of the ovarian tumor, which rose by a very narrow peduncle from one of the fallopian tubes. The other ovary was a solid scirrhus, the size of a small apple, and the uterus itself was *scirrhous*. The cyst contained several compartments, most of which were filled with a fluid resembling blood and water. The others contained solid and semi-solid contents of various kinds.

This case shows that an inflamed cyst may occasion death, without the inflammation spreading to any other organ or part. Therefore the exciting of inflammation in an ovarian cyst is a matter of no trifling danger. The circumstance of the ovarian tumor having gained such a size without any adhesions, and also the fact of its being connected, up to the period of death, by only a small peduncle with the uterus, are favorable to the proposals of those who have attempted and recommended extirpation of diseased ovaries. No case could be more favorable for such an operation than this, as far as the *execution* of the operation is concerned :—and yet it would have been unsuccessful in the end, on account of the scirrhous disease of the other ovarium and of the uterus — diseases which would, no doubt, have been called into activity by such a formidable operation as gastrotomy.

III.

ON AN INSIDIOUS FORM OF PUERPERAL FEVER.

By M. Legallois, Physician to the Hospice St. Michael.

In a memoir which the author presented to the Royal Academy of Medicine, he maintained that the majority of puerperal diseases of an inflammatory nature, as plegmasia dolens, peritonitis puerperalis, &c. were occasioned by some specific or deleterious substance mixed with the blood—and secondly, that this morbific principle was lochial discharge absorbed after it had become purulent. This etiology he based on the anatomical condition of the uterine veins—on comparative pathology, and on close examination of the various phenomena. In these ideas he was confirmed by the researches of M. Dance and various other pathologists. The following observations we shall quote in an abridged form.

The spring of 1828 was very wet, and the summer as dry. This constitution of the atmosphere produced immense numbers of intermittents. Scarcely a day passed without applications at the Maison Royale de Charenton. In the month of August, when the heat was very great, M. Legallois was called to a female, who had been delivered a few days previously, in an easy and natural manner. The lochia were still flowing freely, and there was no local pain of any kind. The abdomen, however, was rather more voluminous than natural, but quite void of tenderness on pressure. Every evening the female was seized with a shivering, followed by reaction, which lasted the greater part of the night. Several days were allowed thus to pass, without the exhibition of any medicine, M. L. conceiving that it was a case of the prevailing intermittent. Fearing that the paroxysms, if continued, might determine a congestion in some of the abdominal organs, our author exhibited cautiously the sulphate of quinine. The subsequent remission was prolonged beyond the usual period, and the succeeding paroxysm was less severe. The quantity of quinine was increased to ten grains in the day, and ultimately to fifteen grains, without any other apparent effect than a slight amendment. But suddenly the accession became anticipated and exasperated—vomitings ensued—the epigastrium became tender, though not swelled. These symptoms continued for another day, and then a consultation was held, when it was determined that there was an inflammation of the stomach, and with the addition of puerperal fever. Leeches and baths were employed; but the abdomen now became distended, the vital powers were prostrated, and the patient died in four or five days from the invasion of this new train of symptoms. No dissection ensued; but the Doctor very candidly blames himself for giving the quinine too long, when he ought to have watched the local symptoms. We shall give some particulars of another case, on account of the dissection.

Case 2. A female, 18 years of age, strong and well formed, was confined in natural labor, and safely delivered, the 9th of October, 1830. The lochia flowed during two days; on the third they became pale, and on that evening she was seized with a rigor very severe. This was succeeded by strong febrile reaction, and a remission. Next evening another rigor—and the same happened every day till the 14th October, without any symptom of local affection. Nothing but diluents were given, with an emollient lavement evening and morning. On the 15th October, the vascular action being considerable, a small quantity of blood was taken from the arm, after which the pulse rose in strength, and amounted to 120 in the minute. Still the abdomen was soft and not tender on pressure. On this day she had two rigors. 16th. She complained of great debility, and the pulse was rather weak, at 130 in the minute. For the first time pressure on the right hypogastric region occasioned deep-seated pain. The tongue was moist; and there was neither nausea nor vomiting. The rigor occurred to-day, followed by fever, and afterwards by some perspiration. In the evening all things appeared worse—the abdomen was painful—the features sunk.

Another venesection, which was too late, as she died the next day.

Dissection. About two pints of a milky fluid were found in the cavity of the peritoneum. The peritoneum itself was neither inflamed nor injected. The uterus was about the size of two large fists, and was capable of holding a hen's egg. The place where the placenta had been attached, was rugous and pierced by several apertures, into which a quill could easily be introduced. The veins of the uterus, the muscular tissue of the organ, the ovaries, and the spermatic veins, were unaltered. In short, our author was unable to trace any vestige of uterine phlebitis or uterine inflammation of any kind. He was about to give over the investigation, when, on looking at the vagina, he perceived, on the internal surface of the labia, near the posterior commissure, two lacunæ, of three or four lines in diameter, filled with a white and puriform matter. On introducing a probe into one of these he found that it communicated with one of the large veins which ran from the bladder to the vagina. This vein, and the trunk from which it rose, till it merged in the hypogastric vein, viz. during an extent of three or four inches, was completely filled with the same puriform matter observed in the above-mentioned lacunæ. The veins of the opposite side presented the same phenomena, and the internal surfaces of all these vessels were found to be thickened and inflamed. The hypogastric veins contained some clots of blood mixed with a substance similar to that already mentioned. The other particulars of the dissection we pass over, as not throwing any light on the disease.—*Révue Medicale.*

IV.

PARALYSIS OF THE LOWER EXTREMITIES.

By Professor Chiappa.

The following case is curious and consolatory. A young female, of slender form but sanguineous temperament, gradually lost the muscular power of the lower extremities—and, in the course of two years, she was totally incapable of moving them. Yet, in this deplorable condition, she became, by some *inadvertence*, pregnant, and, in the usual period, gave birth to an infant, without favorable change in the paralysis. She was then transferred to the *Clinique* of Dr. Chiappa, who noted the following symptoms: —pulse small and hard—frequent cephalalgia—very little sleep—thirst —constipation—violent pain in the left scapula—also in the abdomen, to which she referred the want of sleep. The thighs, but more especially the legs, were the seat of acute pain, of a burning kind. All the parts above mentioned were extremely sensible to the least pressure. The lower extremities were in a state of extreme emaciation.

These symptoms being all taken into consideration, M. Chiappa did not hesitate to attribute them to inflammation of the spinal marrow, extending to the nerves of the abdomen and lower limbs. The treatment was shaped according to this diagnosis, and venesection was practised, while rigid diet, and all the other antiphlogistic measures were put in force. The blood was found to be highly inflamed, as much so as in pleurisy. After four bleedings, leeches were applied to various parts, and in great numbers, on the abdomen, along the spine, to the anus, &c. In the mean time the bowels were kept open by castor oil, while antimonials, acetate of morphine, blisters, digitalis, and even nux vomica, were occasionally prescribed. The patient gradually acquired power in the lower extremities, with proportionate mitigation there and in the abdomen. In process of time the patient began to walk, and, at the close of the report, was restored to perfect health.—*Annali Universali*, Feb. 1831.

V.

CASE OF PHLEGMONOUS ERYSIPELAS OF THE FACE AND HEAD, OCCURRING UPON THE HEALING OF CHRONIC INDOLENT ULCERS UPON THE LEGS.

By JOHN C. HOWARD, M.D., Physician and Surgeon to the House of Industry at South Boston.

For the Boston Med. and Surg. Journal.

MR. P. T., aged 52, was admitted into the Hospital at South Boston, in October last. He was severely afflicted with ulcers upon both of his legs, extremely disagreeable in their appearance, and would seem to prevent locomotion; but this was not the case, for he walked about as if his legs were sound, there being little, if any, perceptible lameness. The symptoms, when he entered the hospital, seemed to indicate the primary stage of delirium tremens, and the course I am inclined to pursue in such cases was resorted to; viz. a strong decoction of wormwood, with an ounce of the tincture of hops, which with proper attention to the stomach and bowels, seemed to prevent the attack. The ulcers were very obstinate, and resembled those which are so ably described by Bell, as having indolent edges, pale granulations, indicating want of vitality and general obstinacy and resistance to any healing process. Such ulcers are, I think, a ternary compound, and seem to depend on the combination of syphilis, rum, and mercury, in some of their forms. However, after a time they improved in appearance, and at length healed entirely.

The patient continued well for a few days, and was employed in one of the workshops, when the superintendent requested my attention to him, stating that he appeared listless and foolish, and incapable of any exertion. When I saw him, there were some indications of paralysis; his speech was thick, and there was evident loss of muscular power of the limbs. I observed a slight scratch on the right side of his nose, and the corresponding cheek and eye were a little swollen. Knowing his habits, I was impressed with the idea, that having absented himself from the hospital, he had indulged freely in liquor, and met with an accident; but upon inquiry I ascertained that he had not been absent. I directed an ounce and a half of sulph. magnes. in a half pint of strong senna tea; half to be taken, and if it did not operate in four hours, to administer the remainder. He took it all, and his bowels were freely opened. Poultices made of a solution of acetate plumb. and meal were applied to the face, and renewed every six hours. Blisters were applied upon the back of head and neck, and calves of his legs. A free vesication was the consequence, but the discharge was not a light or yellow serum, but very dark and sanious, indicating a very depraved state of the fluids. The next day I was surprised by finding his face entirely obliterated; the scratch upon the nose which I had observed two days previous, must have been the precursor of severe phlegmonous erysipelas. The carotids were throbbing violently; I placed my finger on the temporal artery, and it pulsated strongly 104 in a minute. I immediately took from it eighteen ounces of blood, which afforded some relief to the respiration, which was before laborious, and the pulsation fell to 82.

As applications to the face, I ordered cloths well soaked in alcohol and vinegar equal parts, to be constantly applied. The blisters were kept open upon his head, neck, and legs. I prescribed an ounce and a half of sulph. magnes. and four grains of tart. antimon. to be dissolved in half a pint of water, a tablespoonful to be given every two hours. This course was adhered to, and the next day he appeared a little better, and was able to answer my questions; the applications to the face had been of service, for the swelling and inflammation had subsided, and lost their malignant character in some degree, being of a paler hue. The salts and antimony had operated favorably; the pulse was now 62, and rather feeble. Believing in the present state of the case that tonics were necessary, I ordered two grains of sulph. quin. one hour, and in two hours a teaspoonful of pulv. cinchon.: — this course to be continued. In the afternoon of the same day, I requested a medical friend to visit the hospital, and after giving him an account of this case, requested his opinion. The pulse which in the morning was 62, weak and feeble, had now risen to 80, full and strong; the tonic course seemed contra-indicated, and by the advice of my friend was ordered to be discontinued, and powders of the sub-muriate hydrarg. 5 grs., antimon. tart. ½ gr. every six hours, to be substituted until next morning, when a solution of salts and senna was to be administered. This was taken, but death ensued soon after.

Feeling great interest in this case, and deeming it rather uncommon, I invited some medical gentlemen to the examination.

Post mortem Examination.—*Head.* — Considerable effusion of lymph under the scalp, and other marks of inflammation having extended from face. Skull being removed, the frontal bone just above the sinuses, the right temporal fossa, and the whole of that part of the occiput, corresponding to the cerebellum, were found to have old adhesions to the dura mater, mostly inseparable. Arachnoid membrane where it covers the anterior and middle lobes of the brain, was observed in many places to have a milky, opaque color, wanting the usual polish, and somewhat thickened, with an effusion of serum underneath. Vessels of pia mater much injected, brain much firmer than natural, and of a darker color throughout; convolutions strongly marked, so also the limits between cortical and ciniritious parts; very little clear serum in lateral ventricles.

Thorax.—Some old pleuritic adhesions, and a few ounces of serum were found in each cavity. *Lungs*, moderately collapsed; congested especially in lower lobes, where were appearances of recent pneumonia; bronchiæ partially examined and found healthy. *Heart.* External appearance healthy, but about two ounces of clear serum in the pericardium.

Abdomen. — Peritonæum found healthy; stomach was small, and a partial circular contraction was observed half way between the cardia and pylorus; through the whole of the cardiac portion there was more or less softening of the mucous membrane, which was somewhat injected towards the pylorus, and of a dirty green color, but otherwise healthy. Intestines distended, no solid contents, appeared healthy, and were not opened. *Liver.* Diseased throughout; contracted, irregular in its surface, dense, edges rounded, color and general appearance such as were found internally. Being cut through, it was very completely granulated, of a pink color, interrupted with white, which last was given by the thickened cellular tissue, and on this tissue depends the density of the organ. The grains vary from the size of a pin's head to that of a pea, the last having almost the consistence of softened tubercles, and were easily turned out from the cellular tissue, which they left quite smooth and polished, and to which they seemed to have scarcely any attachment. The gall bladder partly filled with a dark green bile. *Spleen.* In size moderate; in structure completely disorganized, breaking down under the slightest pressure, like soft, coagulated blood, and yielding abundantly a fluid resembling in appearance a mixture of grumous blood and pus. Color, light brown. *Kidneys.* Somewhat mottled, externally and internally; no appearance of granulation; a white opaque aspect about the termination of mamillary processes, as from deposition of lymph, but on pressure none was forced out.

Boston, December, 1831.

ON THE IDENTITY OF SMALLPOX AND COWPOX, AND ON A MODE OF INDUCING THE VACCINE PUSTULE IN THE COW AT PLEASURE.

[In our last we offered some account of the researches of Dr. Sunderland and others on the mode of producing the variolous or vaccine disease in the cow. The following are the conclusions to which Dr. S. has arrived, and which we offer in order to present a clear and explicit view of the result of his inquiries on a subject of deep interest to the profession and the public.]

"1. This discovery is new; for, although many have suspected the identity of smallpox in man and cowpox in the cow, and have in consequence performed inoculation with the matter of both, yet no one has previously ascertained the possibility of transmitting the contagion to the cow in the gaseous form, so as to decide the question beyond all doubt.

"2. The desire of physicians and governments to discover cowpox in cows, in order to revive the vaccine lymph, is more than fulfilled by the discovery of a simple method of engendering cowpox in the cow at will.

"3. Jenner's discovery of the protective power of vaccination hitherto imperfect, is now perfected, because the hitherto unknown nature and origin of cowpox are laid open.

"4. All previous uncertainty regarding the quality of vaccine matter, its degeneration, the loss of its protective property, and the like, must now cease, because we have obtained a clear insight into the nature of cowpox, and can lay down a substantial theory of its operation.

"5. This discovery must tend to widen the boundaries of physiology, pathology, and therapeutics, since it shows how the subtle contagion of smallpox, so hostile to the nervous system of man, may be conveyed in the aeriform state from him to the cow, excite in that animal a similar disease, but in doing so be changed by the special constitution of this class of animals into a permanent contagion of a different kind.

"6. An instructive lesson may be drawn from this discovery how the poison of diseases in the gaseous form may be communicated to the lower animals, and according to the difference in their constitution engender diversified products, which may then be used as protective means against the diseases from which they originated. Such for example may be subsequently proved of scarlet fever, measles, yellow fever, and plague.

"7. It is now clear why in recent times cowpox has been seldom or never seen in the cow. For the cowpox of the cow arises merely from infection by the variolous exhalatious from men recently affected with smallpox, and coming in contact with the cow. As epidemics of smallpox have been rare during the last thirty years, cows could seldom be exposed to infection, and have therefore seldom exhibited the disease."

MEDICAL JOURNAL.

BOSTON, DECEMBER 20, 1831.

SKETCHES OF THE HISTORY OF MEDICINE.

Medicine of the early Romans.—The early Romans paid little attention to the science of medicine, which their severe mode of life rendered the less necessary. Receiving their religion, however, from the same source as the Greeks, they erected temples to the same deities, and practised similar ceremonies. Apollo, who had various offices assigned him by the Greeks, was peculiarly revered by the Romans as the God of Medicine. Numa Pompilius founded a peculiar college of Augurs, who adored Esculapius and Bacchus, and were regarded with great respect. The temple of the former deity on the island of the Tiber had a separate origin, the tradition of which was as follows. A severe epidemic having shown itself in Rome, recourse was had to the sybilline books, who ordered them to send to Epidaurus to consult Esculapius. The embassy was sent the following year under the charge of Q. Ogulnius. After representing their situation, the Romans, in place of the answer they expected, observed with astonishment a serpent come out of the temple, enter the vessel, and take up his quarters in the apartment of Ogulnius. Some of the Asclepiadæ followed him in order to instruct the Romans in the worship of this new deity. During their voyage they stopped at Antium, where the serpent went to visit the temple of Esculapius. In three days he returned, and quietly accompanied them to Rome. When they entered the river he sprang from the vessel, gained the island, and coiling himself up, made it evident that this was the place which the god had selected for his worship. The temple was accordingly erected there.

The island of the Tiber was for a long time considered as the abode of the sacred serpent, and consecrated to Esculapius. Even in the time of the emperors, masters were in the habit of sending their slaves to this island when sick ; but this practice was regarded as cruel, and Claudius passed a law that every slave who recovered his health in this manner should forthwith be set at liberty.

The Romans gave to Eilithyia of the Greeks the name of Lucina, derived from Lucus, a grove, and confounded her with Diana, from which deity in more ancient mythology she was perfectly distinct. The idea that certain periodical functions were influenced by the moon, or Diana, caused this goddess to be regarded as having the peculiar care of pregnancy and labor. In the poets, however, and in inscriptions, this goddess is termed Juno Lucina, and as such is addressed by Glycerium in Terence.

Besides the deities derived from the Greeks, the Romans had some few peculiar to themselves. They erected on mount Palatine a temple to Febris, or fever, in order to avert the attacks of this epidemic, which their vicinity to the Pontine marshes rendered a formidable enemy. Valerius Maximus speaks of two other temples of Febris, one near the tomb of Marius, and the other in the vico longo. These might in a certain sense be termed fever hospitals, as they were provided with a variety of drugs, and it was customary to convey patients into them, who were at once subjected to a severe regimen, and sometimes recovered from this cause.

At a later period, when medicine came to be practised at Rome, it fell mostly into the hands of the Greeks. By the ancient organization of the Republic, there were but two professions recognized among its citizens, those, namely, of war and husbandry; all the rest were abandoned to slaves and foreigners. When, therefore, a slave was liberated by his master, in consideration of any service, or had purchased his freedom, he often established a shop for the sale of drugs, which was called medicina. There were however other foreign practitioners, better qualified for their office, who came to Rome under the protection of the laws, and enjoyed privileges befitting the dignity of the profession. Even when the Romans expelled the Greeks from Italy, the decree excepted by name those who practised the art of medicine. The avarice, however, of these foreign adventurers, who regarded Rome as a noble field for the acquisition of wealth, disgusted many of the more distinguished Romans, and particularly Cato the Censor, whose implacable enmity to this people is well known. It is possible, indeed, that professional rivalry came in aid of patriotic feeling in his case, as Cato himself practised medicine according to his own notions, and to the precepts contained in a book in which he reposed the greatest confidence. The ideas possessed by the censor on the subject may be seen in his treatise "de re rustica." That they were not very enlightened may be judged from the facts, that he regarded cabbage as a universal remedy, that he interdicted women from administering medicines to cattle, that he regulated the ingredients of his compounds by combinations of the number three, and that he pretended to cure dislocations of the joints by repeating over an uncouth and unintelligible jargon of barbarous words.

EPIDEMIC BRONCHITIS.

The London Medical Gazette remarks, that the disease which is at present extensively prevalent in England, France, and other parts of Europe, seems to be derived from a state of the atmosphere that produces a slight degree of inflammatory action on the bronchial structure of the lungs. The mucous membrane of the posterior fauces, and that of the windpipe and air-vessels, to a greater or less extent, participate in this affection. Variable temperature, evinced by chillness and augmented heat, alternating each other, increased secretion of mucus, thoracic oppression, cough, and expectoration, are the symptoms by which this epidemical disease is chiefly denoted.

That it is contagious or transferable from one person to another, appears to be undeniable, but it seems to originate from a state of air to which all are exposed, but to the morbific influence of which all are not equally liable. The difference consists in temperamental susceptibility and casual predisposition. Where these propensities or tendencies to the affection do not exist, it will of course not obtain. That miasmata or noxious particles floating in the atmosphere, whether animate or inanimate, organic or inorganic, may disturb the healthy action of the membranous covering of the mouth, throat, and bronchial portion of the lungs, is conceivable; but how such a cause acquired an existence, or became influential in producing disease, is probably too recondite for practical research; too involved for direct, intelligible, and conclusive explanation.

Whatever affects the tone of health and disorders the customary secretions, whatever awakens morbid sympathies and agitates the arterial and nervous systems, may induce change and degeneracies in vital action that may generate and evolve exhalations possessing infectious qualities, not less impressive and communicable to others than those which had abounded in the atmosphere, and had epidemically produced the ailment in the first instance.

The disease now actually prevailing, and to which the preceding observations are referable, is of a mild character; essentially indeed inflammatory, but not often going that length of excitement. Moderate intestinal evacuation, antimony and nitre, sufficient to unlock the skin and allay intemperate heat, plentiful dilution with aqueous liquids, and counter-irritation on the region of the chest, by means either of tartarised antimonial ointment or cantharides, will be found sufficiently remedial to answer every salutary purpose of medicinal agency, and to fulfil the most rational indication of cure.

Replacement of Noses.—Dr. Barthelemy, in a paper in the *Journal Hebdomadaire*, on the re-union of parts entirely separated from the body, gives the following nose cases, which he says he has had upon the best authority. The first of them he obtained from a lady, who gave him *her honor* that it was true. A soldier, at Lyons, in 1815, had the end of his nose cut off in a duel by his adversary's sabre. He put the piece of nose in his pocket to keep it warm, and returned home to his lodgings. A surgeon was sent for, who put the disunited parts together again; and they *took* to admiration. For the following case the veracity of Dr. Regnault, of the Military Hospital of Grand Caillon, is pledged. In the prison of Niort two men had a fight, in which one of them bit off a considerable portion of the other's nose. The unfortunate fellow who suffered the mutilation did nothing for four or five hours but deplore his loss; the piece of nose, however, he picked up, wrapped it in his handkerchief, and put it in his pocket. A fellow-prisoner suggested to him the propriety of applying to the surgeon of the jail, to see what he could do for him; he did so, and the medical officers having speedily warmed some alcohol, steeped the part in it, and then put the divided surfaces together. At the end of ten days they were solidly united.

Cold Feet.—No circumstance in the general health can more conclusively indicate an unhealthy distribution of the circulating fluids, than that of habitually cold feet. It shows that the arterial action is deficient in the lower extremities, by which a proportionate surcharge and hurtful redundancy are cast on other parts of the frame. This deficient transmission of blood to the lower limbs tends to induce a plethoric, or congestive fulness of the different viscera, which, first by oppression and afterwards by inflammatory reaction, may lay the foundation of disease alike various and serious. An unimpeded and equal flow of the circulating fluids causes the most congenial and salutary stimulus that can exist in the system; and when it fails, diminished and inadequate excitement is the noxious result. The inaction or torpor obtaining in the feet and legs, when unnaturally cold, hang like a dead weight on the healthful energy of life, and sympathetically repress or subdue the action of vital power throughout the whole system. Hence, the increased liability which persons are under, whose feet are usually below the healthy temperature, for being affected by slight causes of disease. They may, indeed, be said to be in a state of fearful predisposition to any ailment commenced with a faulty circulation, and also with any incidental atmospheric, as well as personal causes of disordered health.

A condition so unpleasant in its direct sensual impression, and so replete with morbid tendency, should not be tolerated, but overcome if possible. This may be effected, in most instances, by instituting, and undeviatingly pursuing, brisk friction of the feet and legs, by means of a flesh-brush, every night and morning, during half an hour at each time, and uniformly wearing lamb's-wool stockings by night as well as by day. This practice, unremittedly prosecuted for six months, will be usually found to have the beneficial effect of fully and permanently restoring to the feet a healthy extension of the circulating fluids, and with that advantage, a natural state of warmth.

Formula for Nitrate of Silver Ointment.—The following is the formula given by Mr. Middlemore for this ointment:—R. Argent. nitratis, gr. ij.: liq. plumb. acetatis, gtt. xv.; ung. cetacei, ʒj. M. The quantity of nitrate of silver may be gradually increased to six or even seven grains, as the eye becomes accustomed to its use. It is highly important that this ointment should be carefully prepared, and that the various substances of which it is composed should be accurately blended, and that the nitrate of silver should be reduced to an impalpable powder before it is mixed with the spermaceti ointment. The ointment should not be used after it has been prepared for a longer period than twelve or fourteen days

Mr. Middlemore directs the ointment to be applied in the following manner:—Having placed a portion of the ointment, about as large as a small split pea, upon the blunt extremity of a probe, take hold of a few of the eyelashes, and a portion of the surrounding skin, and elevate and slightly evert the upper lid; then direct the patient to look downwards, smear the ointment upon the upper part of the eyeball, and withdraw the probe on the temporal side of the eye; in this way the ointment becomes thoroughly dissolved, and equally diffused over the whole of the corneal surface.

Mr. M. employs this ointment in various affections of the eye.—*Midland Medical and Surgical Reporter, August*, 1831.

Whole number of deaths in Boston for the week ending Dec. 10, 40. Males, 18—Females, 22.

Of inflammation in the head, 1—infantile, 2—lung fever, 5—unknown, 9—scarlet fever, 6—inflammation on the lungs, 1—paralysis, 1—hooping cough, 1—consumption, 3—intemperance, 1—inflammation in the bowels, 1—worm fever, 1—influenza, 1—canker in the bowels, 1—dropsy, 1—old age, 4—apoplexy, 1.

ADVERTISEMENTS.

PORTRAITS OF MEDICAL PROFESSORS.

From original Paintings, by John Neagle, engraved in the finest style of Line Engraving.

The Publisher originally contemplated a more extensive series, which would embrace eminent cultivators of medicine, and its auxiliary sciences, throughout the United States. By the encouragement and flattering suggestions of students and others in Philadelphia, he has been induced, prior to entering upon his general plan, to open a separate subscription, comprising the present Professors and Adjuncts in the Medical Department of the University of Pennsylvania.

The names of Professors proposed to be embraced in the series, and without reference to the order of publication, are thus alphabetically arranged:—

Drs. CHAPMAN,
COXE,
DEWEES,
GIBSON,
HARE,
Drs. HORNER,
JACKSON,
JAMES,
PHYSICK.

It would be unnecessary here to detail the claims which such a work presents to the Philosopher, the Physician and the Student; or to prove that it is laudable to secure to the present generation, and to posterity, the pictured memorials of those who have elevated the character of their profession, and cultivated the vineyard of science in so eminent degree, to the benefit of society and to their own honor.

The first number is now completed, and exhibits the chef d'œuvre of Kelly's *burin*, in the line manner, from an original Portrait of Dr. Chapman. Encomiums upon this specimen, which is now submitted to inspection at PENDLETON'S Rooms, Graphic Court, 221 Washington Street, would be here out of place.

The names of subscribers are requested for the series, or for any of the numbers.—Further particulars, and a prospectus at large, can be obtained at

Boston, Oct. 1. W. S. PENDLETON'S.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. V.] TUESDAY, DECEMBER 27, 1831. [NO. 20.

I.

STATE OF MEDICINE AND DISEASE IN SPAIN.

FROM a very excellent review contained in the last number of the *Foreign Quarterly*, for July 1831, of Dr. Faure's "*Souvenirs du midi, ou l'Espagne telle qu'elle est sous ses pouvoirs religieux et monarchiques*," we copy the following account of the state of medicine in Spain and the diseases peculiar to that country.

Medicine is in a most degraded and despicable state in Spain; and it is necessary, it seems, that it should continue so, in order not to give umbrage to the clergy, with whom it comes constantly in contact in the bosom of families and at the bedside of the dying. Besides, being considered as leading insensibly to materialism, it has been conceived essential to the interest of religion and its ministers, that this science should be kept down—an object which has been most effectively accomplished. In Spain, physicians and surgeons are in general poor devils, fellows without substance or fortune, who make visits for a fee of ten pence each, or even less, and who, alike ignorant and disreputable, are despised even by those who think it necessary to require their attendance. Throughout the whole country may be read on every sign-post to which a barber's basin is attached, the words *cirujano y comadron*, surgeon and accoucheur; to obtain which grade it is necessary to commence with attendance on infirmary practice in the hospitals, to pass through certain courses, to undergo some sham examinations, and, above all, to pay for a license. Dr. Faure, during his stay at Madrid, was served by two aspirants to this honor, who, he assures us, made excellent valets, and reminded him of the great prototype of the race in more respects than one. There are, besides, doctors in the two branches of medicine and surgery, who treat internal maladies, operate upon occasion, though always unskilfully, and fill important situations, particularly the chairs of instruction.

There is not a man in Spain who has established a reputation as an anatomist. How could there be? Actual dissection is impracticable; an attempt to procure subjects would raise an insurrection, and he who made it would infallibly be assassinated. Madrid does not possess a single good anatomical preparation; and with respect to the collection of wax models in the College of San Carlos, of which the Spaniards are so ignorantly proud, even if it were more extensive and complete than it actually is, it could never serve as a substitute for dissection, or enable any one, without other means of instruction, to operate safely, not to say skilfully, on the human body. Physiology has naturally, or rather necessarily, shared the fate of anatomy ; and at a time when it has been receiving vast accessions from the labors of the learned in other countries of Europe, the Spaniards have literally contributed nothing to its progress. They boast, indeed, of having illustrated medical jurisprudence ; and, certainly, a number of works have been produced on this subject. But in judging of the value of these treatises, and of the credit due to them, respect must be had to the state of medical science in the country where they appeared, and to the comparative ignorance of chemistry, anatomy and physiology, which prevails almost universally among the medical profession of Spain. The knowledge of the obstetric art, which is considerable, has been imported chiefly from France ; but there is no good native treatise on this subject ; and, indeed, with the exception of Arejula's work on the Yellow Fever, and that of Luzuriaga on the Madrid Colic, we scarcely know of any medical book of Spanish origin which is considered authoritative in other countries ; and the last of those just named, Dr. Faure considers, apparently with justice, as after all but a poor performance. The system of Brown is that according to which the Spanish physicians almost universally prescribe ; and if we may credit Dr. Faure, they lavish incendiary remedies with a profusion which, in the ardent climate of Spain, must be singularly calculated to keep up the ancient alliance between Death and the Doctor. We may add, that the general hospital at Madrid deserves to be cited as a model of a Spanish hospital, by reason of the filth and disorder which prevail in it. The part allotted to the military is a den of pestilence and death.

The University of Medicine, like that of Law, has been removed from Madrid. It is true that the hospitals and the courts of justice, where students of medicine and law can alone learn the most valuable part of their professions, are all in the capital ; but what does that signify in Spain, where knowledge forms no title to distinction, and is more likely to entail persecution than to lead to honor ? Accordingly, with the wisdom peculiar to this country, both universities have been removed to the little town of Alcala de Henares, where there are neither hospitals nor courts, and where it is necessary to study in order to take the degree of Doctor in either profession. The students too form a wretched crew, with their black capas hanging in tatters, their naked feet covered with rags, and their lank, greasy, unwashed countenances, expressive of pride, insolence, and misery. The greater part of these tatterdemalians have no other means of subsistence than the soup which is charitably furnished them at the gates of the convents, and the alms which they beg in the streets, where some of them are at all times to be found bawling out, "*una limosna para un poure estudiante*," an alms for a poor student ; words which, as the "Young American" observes, they utter in a tone and manner that seems to say, "An alms, and be d——d to you !"

Of the *diseases* peculiar to Spain, some are local and others general. To the former class belong the yellow fever, which occasionally commits such dreadful ravages on the coast; and that peculiar affection of the eyes, frequently terminating in blindness, which is so common in the central region of Spain. Blindness is the peculiar curse of the whole of this region, particularly the capital, and is by no means confined to the lower classes; many people in the middle and higher walks of life being also afflicted with this melancholy deprivation. "I was so much struck with the number of blind in Madrid," says the author of *A Year in Spain*, "as to seek a cause for it in the ardent energy of the sun in this cloudless region, combined with the naked and unsheltered condition of the country." (vol. 1, p. 323.) According to Peyron, the evil is attributable to the intemperate use of phlebotomy, a practice which is scarcely less prevalent amongst the Spaniards of the present day, than it was amongst their ancestors in the time of Sangrado; at least, if one may judge from the number of persons whose business it is to draw blood, for every street of every town in Spain has its barber, and every barber is a regular phlebotomist. But Dr. Faure proposes a different and more scientific solution.

Madrid, situated on a plateau elevated more than 1800 feet above the level of the sea, is in the most irritating atmosphere of all Spain. The wind which blows there, during almost the whole year, from the mountains of Guadarrama, and the fatal effects of which have given rise to so many proverbs, penetrates with an insupportable cold which would affect the strongest lungs, if they were not protected by the skirt of the cloak thrown over the shoulder, as well as adds to the influence of the climate in producing the most painful colics in a great number of foreigners. It is this wind, blowing so frequently, and sometimes so violently, from the month of February to the month of May, which incessantly raising in the air columns of *nitrous powder*, irritates the eyes of a population tainted with scrofulous and venereal affections, and gives rise to those ophthalmias which, from the reverberation of the sun and the coldness of the nights, are sure in no long time to terminate fatally.—Nor is it merely at Madrid that this affection is remarkable; diseases of the eyes and loss of sight are common to the whole of Spain, judging by what one observes as far as Cadiz; because the irritating atmosphere of the Peninsula is generally very much agitated, and the heat of the solar rays is scarcely tempered by any verdure, of which indeed several provinces are entirely destitute.

In short, ophthalmia in Spain is produced by the same causes as in Egypt, namely, by an impalpable nitrous dust, which, lodging in the eyes, creates inflammation; and this again is aggravated by the incessant alternations of intense heat during the day, and chilling cold during the night. The Madrid colic is also the effect of the climate, and always dangerous, often fatal to strangers, who learn, sometimes when it is too late, to take the native precaution against the cold blasts which sweep down suddenly from the Guadarrama mountains, and instantly checking a profuse perspiration, engender this grievous malady. The variolous infection is always more dangerous in summer than in winter, particularly in the central region of Spain; but vaccination, which is now generally practised throughout the kingdom, has tended greatly to abate its virulence. Scarlatina is rare, and by no means dangerous. But there exists an analogous affection, called by the natives *garrotillo*, and known to medical men as gangrenous angina, which sometimes becomes a contagious epidemic, and rages for a season like a pestilence.

"This disease," says Dr. Faure, "is frequent in the Peninsula, and we learn from the works which give an account of the epidemic disorders which have affected Spain at different epochs, that it has been familiar there for many centuries, notwithstanding the purity and dryness of the atmosphere, and possibly owing to that very cause."—p. 74.

Another gangrenous malady common in Madrid and in several of the provinces, particularly Andalusia and Catalonia, is *hospital putrefaction*, which, if not endemic, may at least be considered almost inevitable in the hospitals towards the end of summer. At this period the most trifling sores become dangerous ulcers, and very frequently prove fatal. Acute and chronic inflammations of the lungs are also common, and, in the capital particularly, advance with great rapidity to a crisis. Pulmonary consumption is of very frequent occurrence ; and, what is not a little remarkable considering the dryness of the air, intermittent fevers generally make their appearance about the beginning of June, when the heat becomes intense. Scrofulous disorders are as common in Spain as in Russia, and even more so ; nor is it unusual to meet with mendicants having one or both legs affected with elephantiasis. Cases of epilepsy are by no means rare ; whilst hysteria and St. Guy's dance (chorea) are frequent in the southern provinces, where the heats are fiercest.

The diseases of the mind, or madness, ought to be proportionably greater there than elsewhere, on account of the action of the sun upon the head, and the want of agreeable occupation under a government, which, by constantly thwarting the reason, keeps the whole population in a state of habitual irritation : and such is unhappily the fact. But it has been found that the prevailing religious notions stamp insanity with a peculiarly sombre and malignant character among the Spaniards. There are three principal establishments for insane persons in Spain ; one at Toledo, one at Valencia, and the third at Zaragoza. There is a fourth at Cordova, but it has been for some time deserted.

II.

MR. MACKENZIE ON STRABISMUS.

STRABISMUS is an affection respecting which practitioners will frequently be consulted by anxious parents, and it possibly may redound to their advantage if they are acquainted with the current information on the subject. It is on this account that we are induced to notice Mr. Mackenzie's section upon it.

We need scarcely inform our readers, that in strabismus one eye only is usually unsound. This is commonly directed inwards, sometimes outwards ; the former is termed strabismus convergens, the latter strabismus divergens. In some the eyes squint alternately, or even both together. The vision of a squinting eye is almost always imperfect ; those who squint with both eyes see confusedly ; those who squint inwards with both are generally very shortsighted.

The remote causes of strabismus

are numerous. 1. It appears to arise in many instances from improper education of the eyes in young children, as from nurses laying the child in such a position in its cradle that it sees the light or any other remarkable object with one eye only, and so forth. Strabismus divergens is attributed to the improper practice of accustoming a child to look at the same time at two objects of which it is fond, at the light for instance on one side, and the nurse on the other. 2. Children occasionally become squinters from the habit of looking at the point of their nose. 3. Imitation is a cause of squinting. 4. Covering a weak eye, which had been accidentally diseased, before the habit of observing objects with both eyes is perfectly established. 5. Spasm of the rectus, which may arise from a variety of causes. Mr. M. saw a little boy who was affected with strabismus immediately after squirting the oily juice of orange-skin into his eye, which produced great pain. 6. A speck of the cornea, by the habit which it occasions of the patient's turning the eye out of the natural axis of vision, in order that he may see past the speck. 7. The most frequent cause is imperfect vision from shortsightedness or congenital defect in the retina. The distorted eye is in almost every case *very considerably* inferior in power to the other. 8. Strabismus is induced by various diseases of the brain, cerebral irritation from worms, teething, &c. Amaurosis affecting both eyes is generally attended with slight strabismus. 9. Whatever be the remote cause of strabismus, we cannot doubt that its proximate cause must in some way or other affect the muscles of the eyeball. One or more of these muscles must be in a state rendering them incapable of their natural exercise. The muscular substance may be in a state of atony, or the nervous energy which ought to animate them may be imperfectly supplied. In by far the greater number of cases of strabismus, the eye rolls involuntarily inwards, which may lead us to conclude that the abductor is in a state of unfitness for its office. It is not absolutely paralyzed, for on closing the sound eye it evidently exerts its proper function, but from some cause, to us unknown, as soon as the sound eye is again opened, the muscular force of the abductor is no longer able to support the eye in its natural direction, so that the distortion immediately returns.

Treatment.—"1. Our first object in the treatment of strabismus, must be to discover the cause. When this is accomplished, the plan of cure will be obvious ; or, perhaps, we shall find reason to consider the defect as irremediable.

2. As strabismus often arises in children from abdominal irritation, we ought first to try the effect of an active purge or two ; and then follow this up by mild aperients, and a carefully regulated diet.—Squinting children are generally weakly, and often strumous, so that a course of tonic medicine will probably be useful.

3. Strabismus is frequently observed in children to be connected with a careless employment of the eyes, which is instantly corrected by exciting their attention. In other cases, the squint is never observed except when the child is in bad temper.

4. When only one eye squints, and when the defect in the sight of that eye is not very great, much may be done by strengthening its muscles, to cure the strabismus.

The strengthening of the muscles is effected chiefly by tying up the sound eye, and thus obliging the patient to exercise only the eye which squints. Whenever the sound eye is blindfolded, the weak eye recovers its natural position in the orbit, and its natural motions. The patient finds that the sight gradually improves by use ; and we observe that though the strabismus does return, on again exposing the sound eye, yet it is not to the same extent, and day after day becomes less, if the plan of cure is continued.

The patient need not keep the sound eye covered during the whole day. At first, this may be done for half an hour or an hour at a time, and then for longer periods. During the blindfolding of the sound eye, the weak one is to be exercised both on distant and on near objects, but especially on the former. If the patient be a child, he must be encouraged to exercise the weak eye in playing at ball or shuttlecock, viewing extensive prospects in the country, reading books printed in a large type, looking at prints, &c. Many authorities might be produced in favor of the efficaciousness of this mode of cure. Beer tells us, that by binding up the sound eye every day even for a couple of hours only, he had, in most cases, been successful. It is worthy of remark, however, that this plan of curing strabismus is often attended by a diminished power both of motion and of vision in the sound eye ; and that it has sometimes happened, that the squinting eye being cured by perseverance in this method, the sound eye has then become distorted. If both eyes squint from the first, they must be blindfolded alternately, each for several days at a time.

Another method of exercising the weak eye is that recommended by Dr. Jurin, in his essay on Distinct and Indistinct Vision. Having placed the patient before us, we bid him close the undistorted eye, and look at us with the other. When we find the axis of this eye fixed directly upon us, we bid him endeavor to keep it in that situation, and open his other eye. Immediately, the distorted eye turns away from us towards his nose, and the axis of the other is pointed at us. But with patience and repeated trials, he will, by degrees, be able to keep the distorted eye fixed upon us, at least for some little time after the other is opened. When we have brought him to continue the axes of the eyes fixed upon us, as we stand directly before him, it will be time to change his position, and to set him first a little to one side of us and then to the other, and so to practise the same thing. When, in all these situations, he can perfectly and readily turn the axes of both eyes towards us, the cure is effected. An adult may practise all this in a mirror, without any director, though not so easily as with one.

5. As there is an inequality in the sensations of the sound and of the weak eye, it has been suggested that we should endeavor to render them more on a par, and that this of itself would tend to correct the distortion. Buffon recommended, therefore, that the patient should wear a pair of spectacles with a plane glass opposite to the bad eye, and a convex glass opposite to the good eye. In this way, the vision of the good eye would be rendered less distinct, and consequently it would be less in a state to act independently of the other. As the weak eye is often shortsighted, the same advantage might perhaps be

derived from placing a plane glass before the good eye, and a concave glass before the distorted one.

6. The treatment of strabismus must be varied as the cause is more or less connected with the muscles of the eyeball. A merely bad habit may be overcome by the first two means. But discrimination is required. A girl had a speck on the cornea, occasioning strabismus. The speck was removed, but the squint remained. By a careful system of exercise, with the sound eye covered, a cure was effected. In strabismus convergens of both eyes, a pair of blinders, projecting in front from the temples, are recommended to be tried during a part at least of every day, with a view of attracting the eyes outwards. When the blinders are laid aside a broad green shade should be worn.

" Darwin employed a different plan, and with considerable success, in a case which appears to have partaken of the nature of this strabismus, and which he has related in the Philosophical Transactions. The patient was a child, of five years of age, exceedingly tractable and sensible. He viewed every object which was presented to him with but one eye at a time. If the object was presented on his right side, he viewed it with his left eye, and *vice versa*. He turned the pupil of that eye, which was on the same side with the object, in such a direction that the image of the object might fall on that part of the bottom of the eye where the optic nerve enters it. When an object was held directly before him, he turned his head a little to one side, and observed it with but one eye, viz. with that most distant from the object, turning away the other in the manner above described ; and when he became tired with observing it with that eye, he turned his head the contrary way, and observed it with the other eye alone, with equal facility ; but never turned the axes of both eyes on it at the same time. He saw and named letters, with equal ease, and at equal distances, with the one eye as with the other. There was no perceptible difference in the diameters of the irises, nor in their contractility, after having covered his eyes from the light. From these circumstances, Darwin was led at first to conclude that there was no defect in either eye, but that the disease was simply a depraved habit of moving his eyes, which might probably be occasioned by the form of a cap or head-dress, which might have been too prominent on the sides of his face, like bluffs used on coach-horses, and might, in early infancy, have made it more convenient for the child to view objects placed obliquely with the opposite eye, till by habit the adductores were become stronger, and more ready for motion than their antagonists. Darwin recommended a paper gnomon to be made, and fixed to a cap. When this artificial nose was placed over his real nose, so as to project an inch between his eyes, the child, rather than turn his head so far to look at oblique objects, immediately began to view them with that eye which was next to them. The plan of cure was not persisted in ; so that, six years after, Darwin found all the circumstances of this child's mode of vision exactly as they had been, except that they seemed established by longer habit, so that he could not bend the axes of both his eyes, on the same object, not even for a moment. By Darwin's advice, a gnomon of thin brass was made to stand over his nose, with half a circle of the same metal to go round his temples. These were covered with black silk, and by means of a buckle behind his head, and a cross piece over the crown of his head, this gnomon was worn without inconvenience, and projected before his nose about two inches and a half. By the intervention of this instrument, he soon found it less inconvenient to view oblique objects with the eye next to them, instead of the eye opposite to them. After this habit was weakened by a week's use of the gnomon, two bits of wood, about the size of a goose-quill, blackened all but a quarter of an inch at their summits, were frequently presented for him to look at, one being held on one side the extremity of the gnomon, and the other on the other side of it. As he viewed these, they were gradually brought forwards beyond the gnomon, and then one was concealed behind the other. By this means, in another week, he could bend both his eyes on the same object for half a minute together. By the practice of this exercise, before a glass, almost every hour in the day, he became in another week able to read for a minute together, with his eyes both directed on the same objects. By perseverance in the use of the artificial nose, he acquired more and more the voluntary power of directing both eyes to the same object, particularly if the object was not more than four or five feet from him, so that Darwin anticipated a complete cure."

In strabismus divergens, affecting both eyes, the alternate blindfolding of the eyes is likely to be useful. It has been recommended to apply a piece of black plaster on the point of the nose. Weller recommends a short funnel, made of pasteboard, with an oval base, to be so applied as to include both eyes, and having, at the part which rests above the point of the nose, an opening about an inch in diameter. Through this, fixed straight and firm, the patient must look, and by-and-by read, when he must necessarily turn the eyes inwards and downwards.

III.

PROGRESS OF THE CHOLERA.

JUST as we were going to press, (says the London Medical Gazette,) we received the following intelligence on the engrossing subject of cholera. Accounts from Vienna reached London on the 4th instant, bringing our information down to the 17th ultimo. It appears that cholera is ascertained to have existed in that city so early as August 31st, but only in solitary instances, and apparently unconnected with contagion. On the 14th, ten persons died out of forty-one who were attacked; while on the 15th, of one hundred and thirty-nine attacked, sixty-four died. On the 16th there were one hundred and twenty-seven new cases, and fifty-eight deaths, and one hundred and seventy remaining ill. These returns, however, only include the hospital patients, and we lament to say that many others, and those, too, among the higher classes, and whose names are well known at Vienna, have already fallen victims to the disease. None of the remedies tried have been of any use—some have been decidedly pernicious, especially bleeding.

The death of one of the physicians, who had been indefatigable in his exertions, is mentioned by our informant with particular regret; and, in fact, an official account of the circumstances connected with it has been published. He was attacked with slight sickness on the 6th; on the 7th, unequivocal symptoms of the disease manifested themselves, and he died the same evening. A gentleman residing in the same house, and who had been out shooting all day, ignorant of his friend's illness, was attacked with diarrhœa within an hour after his return home; on the 10th the characteristic symptoms of the malady appeared, and he died on the 11th. A boy, son of the preceding, was seized at three o'clock in the morning of the 12th, and was dead at three in the afternoon. On the 13th a child, 22 months old, was taken ill, and died the same day; and, on the 14th, a maid-servant, 18 years of age, was also seized with cholera, but was likely to recover.

By letters from Memel to the 20th of September, it appears that between the 16th and 19th only two new cases had occurred, and one death. The proportion altogether has been 49 cases, and 26 deaths, in every thousand of the inhabitants—that is, of the cases reported; but it is known that here, as elsewhere, many persons had the disease without notice being given to the public authorities.

IV.

ON THE USE OF CHLORATE OF LIME IN PURULENT INFLAMMATION OF THE EYES.

By Dr. Herzberg.

M. Voulez, of Brussels, has tried this remedy with great success, in all kinds of purulent ophthalmia. He employs it in the following form: Distilled water ℥iv.; liquor of Labarraque gtt. xv.; three or four drops of this lotion are dropped into the eye four times a day. Dr. Herzberg has also frequently adopted a similar practice with advantage, and the following cases are given to show its efficacy.

Case I. A man, four days after being attacked with gonorrhœa, washed his eyes with his urine, for the purpose of relieving a weakness of his sight, which had resulted from chronic ophthalmia; in a few hours he felt a troublesome sensation in his eyes, which gradually increased to positive pain. To relieve this symptom, he repeated the "urine lotion." At the expiration of a quarter of an hour, the pain increased in severity; the eyes became red, and he could not bear the light. The patient remained in this state twenty-four hours without any assistance. When Dr. H. was consulted, he found the upper eyelids œdematous, and hanging over the lower, which were equally tumefied; there was also a free discharge of unhealthy-looking pus from the eyes; the conjunctive membrane was turgid, and of a deep red color; the right eye was most severely affected; pulse hard, full, and quick; occasional shiverings. From the urethra a discharge of matter similar in appearance to that from the eyes: but little pain in making water. Twelve ounces of blood were taken from the arm, and four doses of calomel, two grains each, were prescribed to be taken each day. Every ten minutes the eyes were injected and bathed with a solution of half a drachm of chlorate of lime in six ounces of distilled water. In less than two hours the pus discharged assumed a more healthy appearance. On the second day the discharge was much diminished, and thinner; conjunctiva less turgid. As there was still considerable pain in the right eye, twelve leeches were applied.

Third day: symptoms alleviated; the cornea could now be seen; it appeared softened, and was covered with several ulcers. To the collyrium before used, half a drachm of tincture of opium was now added. The discharge from the eyes decreased daily; the tumefaction of the conjunctiva diminished; the cornea was brighter and firmer; and the ulcerations decreased in size. Calomel omitted, as symptoms of salivation appeared; the lotion was continued for fifteen days.

Case II. A child, two years of age, was attacked with frequent sneezing and redness of the eyes, with discharge of tears. The following day, the eyelids were swollen and œdematous. The fourth day, Dr. H. found there was an abundant discharge, and the eyelids were tumefied to the size of nuts. Two leeches were applied below each eye, and a grain of calomel was given three times a day. A lotion, composed of a scruple of chlorate of lime in six ounces of distilled water, was instantly applied. The matter discharged soon assumed a more healthy appearance, and was diminished in quantity in twenty-four hours. The calomel and chlorate lotion were abandoned on the eighth day, and in about a fortnight the cure was completed by occasionally dropping into the eyes a little tincture of opium.

Case III. A child was attacked with ophthalmia four days after birth: the disease was neglected for six weeks. Upon examination, several ulcers were detected in the right eye; the conjunctiva of a deep red color, and tumefied; copious discharge of thick unhealthy-looking pus. The chlorate of lime lotion was alone employed, and in eight days the cure was effected. No internal remedies were used. To hasten the healing of the ulcerations on the cornea, a little laudanum was now and then instilled into the eyes.

*Case IV.** A female infant was attacked with ophthalmia three days after birth. For two months no other "remedy" was applied than a lotion consisting of the urine of *all the members* of the family. The mother washed her face with a sponge that had been used to remove the discharge from the eyes of the infant, and in twenty-four hours she was also attacked with inflammation of the left eye. Dr. H. was now consulted. The child was cured in ten days by the lotion before mentioned. Local bleeding and calomel were thought necessary for the mother; and she also used as a lotion a solution of two drachms of chlorate of lime in six ounces of water: her cure was effected as speedily as that of her infant.

MEDICAL JOURNAL.

BOSTON, DECEMBER 27, 1831.

SKETCHES OF THE HISTORY OF MEDICINE.

Medicine among the Chinese.—In a nation as much opposed to innovation as the Chinese, and in which the state of things has probably continued nearly unchanged from a period anterior to the Christian era, the facts collected by modern travellers respecting the condition of arts and knowledge may with great propriety be referred to the earliest period of the history of science.—

There is nothing indeed in the present state of medicine in China which should induce us to investigate very minutely its origin and progress. So far as the Chinese physicians profess to be governed by any written code, they acknowledge for their authority the works of Hoangti, the antiquity of which may be estimated at from two to four thousand years. Physicians, however, are little esteemed and ill paid in China, and at present prepare their medicines, and practise their art, as best suits them. They have no schools or means of gaining instruction. The notions they possess with regard to the structure of the human body rest on traditions probably derived from the ancient Greek physicians of Bactriana; for their religious scruples forbid the dissection of the dead. Their physiology is not superior to their anatomy. They consider heat and moisture as the two constituent elements of the body. These elements reside in the blood and in the animal spirits; their union produces life, and their separation is followed by death. There are six principal parts in which the radical moisture has its seat, namely, on the left side in the heart, the liver, and the left kidney; on the right side in the lungs, the spleen, and the right kidney. Six other parts form the seat of the radical heat, namely, on the left side the small intestines, the gall bladder, and the ureters; on the right, the great intestines, the stomach, and the generative organs. A certain harmony exists between these two sets of organs, so that each organ of one class has one of the other corresponding with it. Many other correspondencies exist between certain parts of the body and external agents, as fire, air, earth, metals, particular seasons, and even the points of compass, each of which has a separate organ or part of the system subjected to its particular influence. Thus, the kidneys and ureters belong to water; they correspond to the north, and winter is the season most favorable to their functions. They attribute to this heat and moisture a sort of circulation, which commences at three o'clock in the morning and is completed in twenty-four hours.

The important diagnostic of disease is the pulse, by an exact observation of which they think every thing which is passing within the body can be accurately determined. The point at which the pulse is to be felt varies also with the particular seat of the disease. They pretend even to trace the changes which the pulse undergoes during the phases of the moon, and with the changes of the seasons.

Their practice is in some respects more rational than their doctrines. They are opposed to bloodletting, but prescribe baths, dry cupping, and the cautery, which last they employ in the form of moxas. Inoculation is also in use among them, and appears to have been so from very early times.

The Japanese have borrowed from the Chinese the greatest parts of their medical ideas, and the practice of the art is there bounded within the same narrow limits. They have a horror of bleeding, and are entirely ignorant of anatomy. Their science is completely limited to the laborious and minute examination of the pulse. Yet they have some respect for learning, and are not unwilling to be instructed by foreigners.

The most remarkable operation in general use among the Japanese is that of acupuncture. A complete account of this operation, and of the manner in which it is practised among them, was given in works of standard authority more than fifty years since, but the practice attracted no attention in Europe till a very recent period. Their mode of practising the operation is to plunge the needles into the skin and allow them to remain during thirty respirations. They employ it in a number of affections, and especially in a peculiar species of orchitis, in colic, in pleurisy, and in complaints of the liver.

CHOLERA.

This disease is easily known by its symptoms, which are shortly these:—The patient feels some change in his health, of which the cause to him is not always evident. Then come on some uneasy sensations in one or other part of the body—such as spasms about the toes, feet, or hands, weakness and vertigo of the head, griping in the bowels with discharge of their contents, at first more or less natural, but soon after of a watery nature and little if at all colored with bile. The calls to stool are frequent, and commonly accompanied with more or less griping. This state of the bowels is generally attended with vomiting of a watery fluid of nearly the same nature. While these continue, the skin gradually, but sometimes rapidly, becomes rough, and loses its natural heat. The extremities particularly soon feel cold, and if nature is not excited to an unusual effort for its recovery, the patient soon sinks beyond hope from human aid. The first and great indication in the treatment ought to be to rouse the vital powers; and the best means to effect this is to apply the stimulus of heat to the body in general. The temperature of the room where the patient lays should be about 17 degrees of Reaumur. One useful practice, if it could be put into execution, I think would be to place the patient in a gas or vapor bath, so as to produce a strong impression on the skin. If this cannot be done, let him be placed in a bath of hot water strongly salted—let us say half a pood of common salt dissolved in the water of the bath, of a heat not less than 35 deg. of Reaumur, and as high as 40 if his skin will bear it. He should be kept in the bath as long as he can support it, and be covered completely with the water as far as his chin, and should have a pillow of hay to support the head while in the bath.

If the patient be of a healthy and sufficiently strong constitution, about three teacupsful of blood should be taken from the arm; and soon after, 20 grains of calomel, mixed with a little honey, should be given for a dose, and washed down with the following composition:—Take from 15 to 20 drops of oil of peppermint; from 20 to 50 drops of laudanum; four tablespoonsful of water. Mix them together, and give them for a dose after the use of the calomel. It sometimes happens that the medicines are thrown up soon after being swallowed; in which case wait a quarter of an hour and repeat them in smaller proportions—say 10 or 15 grains of calomel, 10 drops of oil of peppermint, with an ounce, i. e. two tablespoonsful, of water, and 25 to 30 drops of laudanum. Bottles with hot water should be kept constantly applied to the feet and hands when they are cold; and warm wine, tea, and buillon, given from time to time, or a little warm punch, so as to excite and call into action the powers inherent in the animal economy.

The surface of the body should be rubbed continually, when cold, with flannel; and strong spirit of volatile alkali should be well rubbed into the pit of the stomach and about the region of the heart.

In the convalescent, the bowels should be kept open with castor oil and a mixture of magnesia and rhubarb, and a mild infusion of senna.

As to prophylactics, very regular living—particularly in regard to food, drink, and warm clothing—and not exposing the body to the action of a moist atmosphere, seem to be precautions dictated by common sense; and to them should be added, if possible, a fearless mind and a confidence in the wisdom of Almighty God.—*Dr. Shier.*

A hot bath at the very earliest period of the attack, seems to be a great point to be attended to. High, dry, and airy situations, are to be preferred to low and damp places.

Extract from Letters written from Moscow when the Cholera prevailed there.

Keep yourselves warm; observe a regular plain diet, neither too rich nor too low; keep your bowels open, without *occasioning irritation*—magnesia seems to be a good thing; and beware of fruit, and crudity of every kind. The most corrosive acidity in the stomach seems to be a general post-mortem symptom of the cholera. I am decidedly of opinion that the cholera is not contagious, or is so only under certain circumstances—perhaps one only, a predisposition of body to receive the malady; and I feel fully confident that fear and anxiety are more powerful in producing the disease than any other cause. But physicians are divided on this head; though I believe, if they would frankly own it, most of them think as I do. It is much easier to prevent than to cure the disease. By no means neglect the least laxity of body, though at the same time keep it open. Upon the slightest symptoms of a cold, take something warm. Two or three cups of strong coffee have been found very useful; also walking about the room, warmly clad, or lying down at once and endeavoring to get into a good perspiration. Several persons of my acquaintance have no doubt kept off the malady by these useful precautions. In cases of laxity, a cup of saloop [salep], pretty thick, sweetened, and spiced with cinnamon—two teaspoonsful of cinnamon water to three cups of salep—taken every two or three hours, has been found very efficacious. A Dr. Henderson, famous in India, affirms that he always treated the cholera morbus with purgative medicines; that the only remedy he used was croton oil, and that he *never lost a patient.* As soon as the malady declared itself, he laid the patient on his back, with his head pressed against the pillow—the best posture to prevent the medicine from coming off the stomach—and gave him a spoonful of oil, repeating the dose three or four times, according to the violence of the disease. When the medicine was rejected from the stomach, he gave the patient 30 drops of opium, and immediately upon it more oil, and then he always found it to succeed. I am not sure that I am right in saying the oil should be given a spoonful at a time. He (Dr. H.) gave three or four spoonsful of croton oil at a dose, without injury. Dr. Rien was persuaded it was an excellent remedy: he had himself prescribed it, *but not in such quantities.* Frugal diet, warmth, and non-exposure to cold, are the best preventives; and on the *first* and *slightest* symptoms, *strong perspiration*, and *external friction* with some volatile spirit, will prove an almost universal cure.

The remedies which had been applied in Southern Asia for the relief of the cholera, were found fatally injurious at Moscow. While bleeding was resorted to, as in Asia, the majority of the cases proved fatal; but perspiration having accidentally in one instance been promoted with success, the physicians adopted the suggestion, and the recoveries were afterwards more numerous than the deaths.

The strongest evidence in support of the opinion that cholera is contagious, and the propriety of enforcing quarantine, is to be found in the fact that the appearance of the disease in one country has been generally shown to have immediately succeeded the inroads of persons from another in which the epidemic prevailed.

HEALTH OF THE CITY.

THE list of mortality in this city during the last fortnight is unusually long, but not more so than the state of the weather and the prevailing epidemic which results from it, might lead us to anticipate. There is usually something in the clear coldness of severe wintry weather which is rather agreeable to the feelings—if not of people in general, certainly of those who, like ourselves, were born and bred amid the deep snows and boreal winds of a region where tenfold blankets scarce preserve the hardiest swain from the chills of the air around him. There is generally an excitement and exhilaration produced by such weather, which makes all happy and healthy. The spirit of gaiety is awakened, and the sound of the merry bells without, and of the music within doors, the rosy cheeks and light steps of the children "just let loose from school," and the cheerful looks and confused buzz of the friendly circle, all tell, in language not to be mistaken, of the healthful and enlivening influence of an ordinary winter. Such is not the case at present. From the first day of the season, when we were visited by its appropriate storms, there has been a disagreeable chillness about the air which makes us shrink from exposure rather than court it. Almost every person in our streets, muffles himself up and seems to dread the very contact of the air, with the smallest part of his visage. Business and pleasure, instead of receiving a fresh impulse, are checked, and so far from invigorating the bodily powers, the cold of the present month has prostrated full one third part of our inhabitants on the bed of sickness.

As usual in epidemic periods, almost every disease assumes much of the character of the prevailing influenza, whilst the presence of this malady adds greatly to the severity of local inflammations which are at all times common among us, and usually regarded as of little importance. Consumptive persons, the aged, the debilitated, and such as confine themselves habitually to their houses, are great sufferers from the present state of the atmosphere; and where the lungs or tonsils are the chief seat of the disease, many cases have proved fatal, and all should be regarded with a watchful eye.

The only method with which we are acquainted, by which the chance of escaping this epidemic can be increased, is to live temperately, exercise freely and regularly in the open air, being sufficiently guarded against too great or sudden exposure to it, and sponging the bust with cold water every morning. Among the means most likely to induce the disease in its worst form, we would mention the common practice of covering the mouth with a handkerchief or the collar of a great coat. The neck covering should either not pass the under lip, or else extend quite over the nose. A certain volume of air is received, at every inspiration, into the lungs, and it usually passes through the avenues of the nose and mouth. If the latter be closed, the whole enters by the nose; it consequently rushes in with rapidity, making a constant draft by the tonsils, and when it reaches the lungs is much colder than if it had come more moderately through the natural passages. Rather open the mouth a little then when out of doors, than allow it to be barricadoed by the usual paraphernalia.

DIFFERENCE IN THE EMPLOYMENT OF BLEEDING IN ENGLAND AND FRANCE.

Bloodletting is a remedy very differently employed in England, from what it is on the Continent. In England, if a strong person be attacked by acute inflammation of an important organ, a full bleeding, from fourteen to twenty ounces, generally succeeds in checking the progress of the disease, and in many cases the necessity of its repetition is obviated; in those cases where the inflammation is not subdued, the bleeding is repeated, the quantity of blood abstracted being proportioned to the violence of the disease and strength of the patient; this, together with the use of purgatives, antimonials, &c. procures the speedy recovery of the patient in an immense majority of cases.

On the continent, when bloodletting is employed, the quantity of blood abstracted at the outset very rarely exceeds ten ounces: this, in a large proportion of cases, is not sufficient to arrest effectually the progress of the inflammation; hence the more frequent necessity of further depletion, which is effected either by the abstraction of a smaller quantity of blood from the system, or more commonly by the repeated application of leeches; the patient at the same time taking an acidulated beverage, or a decoction of simple herbs, with, perhaps, an occasional dose of castor oil; so that although the continental patient may lose as much or more blood in the aggregate as the English patient, it is less calculated to produce the desired effect; while the neglect of the means of producing increased secretion from the bowels necessitates the more frequent abstraction of blood, and the patient, in the favorable cases, has to support a tedious convalescence.—*Revue Medicale.*

White Agaric a Cure for Night Sweats.—In the *Journal der practischen Heilkunde*, for March, 1830, M. Burdach highly extols the powers of the white agaric (*boletius laricis*) in the night sweats of phthisical patients. A single dose of it given in the evening diminishes, he says, the sweats the following night, and if repeated several evenings arrests this debilitating symptom.

The agaric is given in the dose of four grains in the evening. If the patient is not irritable, from six to eight grains may be given, and the dose even repeated during the day. It is given in pills with a bitter extract. In cases of habitual diarrhœa, the author combines the agaric with kino or alum.

Whole number of deaths in Boston for the week ending Dec. 17, 64. Males, 33—Females, 31.

Of convulsions, 3—infantile, 6—scarlet fever, 3—inflammation on the brain, 1—influenza, 9—consumption, 6—unknown, 5—sudden, 1—croup, 2—typhous fever, 2—canker, 1—throat distemper, 4—old age, 5—hooping cough, 2—intemperance, 3—lung fever, 6—pleurisy, 1—rheumatic, 1—inflammation on the lungs, 1—ulcer, 1.

ADVERTISEMENTS.

MEDICAL SCHOOL OF MAINE.

THE MEDICAL LECTURES at BOWDOIN COLLEGE will commence on MONDAY, the twentieth day of February, 1832.

Theory and Practice of Physic, by JOHN DELAMATER, M.D.
Anatomy and Surgery, by REUBEN D. MUSSEY, M.D., Professor at Dartmouth College.
Obstetrics, by JAMES MCKEEN, M.D.
Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The ANATOMICAL CABINET is extensive, and constantly increasing.

The LIBRARY, already one of the most valuable medical libraries in the United States, is every year enriched by New Works, both foreign and domestic.

Every person, becoming a member of this Institution, is required to present satisfactory evidence that he possesses a good moral character.

The amount of fees for admission to all the Lectures, is $ 50. Graduating fee, including diploma, $ 10. There is no Matriculating nor Library fee. The Lectures continue 3 months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Boarding may be obtained in the Commons Hall at a very reasonable price.

P. CLEAVELAND, *Secretary.*

Brunswick, October 29, 1831. Dec. 1. eop4t.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—***Postage the same as for a newspaper.***

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. V.] TUESDAY, JANUARY 3, 1832. [No. 21.

I.

ON SPINAL AND SPINO-GANGLIAL IRRITATION.

By W. R. WHATTON, Esq. of Manchester.

THIS is a practical dissertation, of considerable length and much merit, published in the North of England Medical Journal, on a disease which has lately attracted a good deal of notice, but not more than it deserves. The author of this paper says, that the authority of Mr. Pott's name and opinion has, unfortunately, put a stop to inquiry respecting diseases of the spine—most surgeons after his time concluding at once that all forms of spinal disease sprung from the same strumous source—caries of the vertebræ. Hence, he thinks, our diagnosis has been attended with confusion—our plans of treatment sometimes useless, sometimes even injurious. "No person, for instance, in these days, thinks of curing lateral curvature through the medium of caustic issues, while, on the other hand, caries is but seldom treated without them." After making a quotation from Copeland, where that surgeon regards pain on pressure, or increased sensibility to external heat, as indicative of spinal disease, Mr. Whatton observes as follows :—

"In the early stages of caries, as well as of lateral curvature, acute pain on pressure of the spinous processes of the vertebræ is rare, and when any great degree of increased sensation does exist in these parts, during the progress of the former disease, it does not occur until the bodies of the vertebræ are considerably affected, until the curve is formed, or until the processes have partaken, in common with other neighboring parts, in the consequences of the disorder.

In cases of Spinal Irritation, on the contrary, this symptom is always one of the first and most constant, and it was in such cases, I apprehend, that the application of heat produced the severe uneasiness spoken of by Mr. Copeland. That gentleman constantly made use of this expedient, afterwards, for the detection of the early symptoms in cases of diseased Spine indiscriminately, and hence it followed, 'that he was unable to reduce the result to any given rules ; and that sometimes he expected a great degree of pain, and it did not occur, while at other times it took place where he least expected it.'

In those diseases commonly termed psoas abscess, also, whether arising from affection of the ligaments of the Spine, or of the intervertebral fibro-cartilages, or from caries of the bodies of the vertebræ themselves, there is scarcely ever any acute pain referable to the spinous processes of the back ; and the symptoms are not unfrequently so very equivocal, that the true nature of the complaint is often overlooked or mistaken.

In many cases of caries, indeed, the patients do not experience sufficient uneasiness, at the time of the setting-in of the complaint, to induce them to notice their situation ; and instances have occurred to me, in which the usual symptoms had been so entirely unnoticed, that there was no suspicion of the complaint existing, previous to the actual discovery of the curvature.—Not so, however, in Irritation of the nerves of the Spine.

In the writings of Messrs. Baynton, Wilson, Harrison, Shaw, and Dods, I do not perceive any notice of this affection ; and it is not improbable that, as these gentlemen wrote expressly on the lateral curvature, they did not think it necessary to direct their attention to the various diagnostic appearances which characterize Spinal Irritation, or that it had escaped their observation altogether as a separate form of disease, and had, perhaps, in some instances, even been taken for the earlier stages of distortion.

However this may be, it is certain that there does exist a wide difference between these two forms of disease, each originating in a separate and distinct tissue, assuming a distinct type, and being followed by different sequels.

In cases of Irritation, the most prominent and characteristic symptom is the highly painful sensation produced by pressure on the points of the vertebræ, in that division of the spine where the disease is supposed to reside ; *and this symptom is never wanting*. Its occurrence is to be explained, I presume, by the supposition that the irritation has already extended itself along the posterior nervous twigs, supplying the processes and arches of the vertebræ, and the numerous muscles and ligaments attached to them ;—and its early appearance is easily understood, when we recollect that these twigs are the first which are given off by the lateral nerves on either side, and arise immediately from the spot implicated in the inflammation. There is another remarkable difference to be noticed with regard to this form of disease of the Spine. While cases of caries occur indifferently in the Spines of either sex, those of Irritation, like lateral curvature, are found chiefly among females. Of several hundred cases, which I have had opportunities of examining, I have not seen more than half a dozen occurring in male patients."

Mr. W. is not aware that any particular method of education, any kind of study, or any position of the body, predisposes to this complaint. He has met with it as frequently in the middle and lower classes of life as among the fashionable classes—among married females, the mothers of families, as among single ladies—rarely among girls. The youngest patient was thirteen years of age, and the oldest fifty. He has never seen it prove fatal. We shall now proceed to the—

Symptomatology.

" In slighter cases, the symptoms are mild and intermittent, and the patients are able to attend to their various avocations, without much pain or uneasiness : and it is only when attention has been excited, by inquiry into the nature of their complaint, that they become aware of the extent of the disorder.

Irregular shooting pains in the

limbs, and in the integuments and muscles of the chest and abdomen; occasional headach and loss of appetite; tremblings, and obscure uneasiness over the shoulders and down the back; with a general debility and disinclination to exertion or exercise, are the signs by which this form of the disease has usually manifested itself.

In the more urgent cases, the uneasiness becomes fixed and constant; the tremors are alarming, and the severe darting and lancinating pains over the chest and abdomen, and through the limbs, are harassing and intolerable. Sometimes the cases had become protracted in their duration, and the patients had suffered for months under the most aggravated forms of the complaint, without any suspicion having been excited as to its real nature and origin;—and, in other instances, mistaken views of the disease had subjected them to various kinds of treatment, totally unnecessary, and, generally, quite inadequate to the removal of the complaint. In all these cases, however, there was one symptom, which, as far as my own experience has gone, has never been absent;—and that is a tenderness, upon pressure, in some part or parts of the spinal column.

In the slight cases, this pain is not so urgent as to cause much distress, and the pressure can be borne without any great suffering or disturbance; in others, the tenderness and excitement are so great, that, in running the finger along the spine, the instant the irritable spot is arrived at, the patient starts from under the pressure, and a degree of anguish is occasioned, so exquisite and excruciating, as frequently to produce the most violent spasms, which either go off gradually in repeated faintings, or subside into periodical and less painful dartings along the nerves running from the part which has been subjected to examination.

The darting pains correspond, in a remarkable manner, with the origin of the irritated nerves, and are very frequently found to strike through the chest, and to produce an acute smarting over the ribs and sternum, and throughout the neighboring parts, where those nerves distribute their ramifications, and supply energy and sensation.

Every part of the Spinal Cord is subject to the disease: sometimes it is observed to fix itself upon one portion, and sometimes on another; frequently it is found existing in different portions, and occasionally over the whole column.

When the upper cervical nerves are affected by the irritation, the seat of the pain is most usually found in the suboccipital and lateral region of the cranium; the muscles of the face and the integuments of the neck are also affected; and there is a considerable degree of stiffness and inability to move the head and jaws. I have now and then met with a case where the pain has extended from the back part of the head, in a direct line over the skull, to the forehead, indicating a diseased state of the nerves supplying the occipital and frontalis muscles. When the affection fixes itself in the lower cervical portion of the Spine, the disease is generally announced by severe darting pains and cramps in the course of the axillary and brachial nerves, and along the upper and fore-arm, and by burning sensations, and aching of the muscles enveloping the shoulder joint, and upper and lateral parts of the chest. The severity of the pain is sometimes observed to fall upon the fore parts of the thorax, and to extend itself to the breasts; the glands of which become very painful to the touch, and are sometimes indurated and enlarged. This painful state of the glands of the breasts occurs as frequently in married females as in single women, and I have not perceived anything to indicate a suspicion that one class of females is more liable to its attacks than another.

In these affections of the upper extremities and chest, there is usually a preternatural degree of lassitude and debility, frequent sighing, tremblings, and nervous twitchings; and sometimes also the wrists and hands are benumbed, and do not admit of their usual facility of direction. When the first division of the dorsal nerves forms the seat of the malady, we have the same painful shootings along the course of the anterior branches supplying the intercostal muscles, and edges of the ribs and sternum, and the upper parts of the epigastrium; and great soreness and aching in the ramifications of the posterior branches which go to the integuments and muscles behind the chest.

In the lower division, there is great pain around the abdomen and over the stomach; a feeling of soreness and smarting along the ribs; tightness around the chest, with frequently a considerable degree of loss of sensation and energy in the intercostal muscles. These latter symptoms, with consequent dyspnœa, and a burning sensation over the sternum, and at the point of the xyphoid cartilage, are, I think, never absent in well-marked cases of irritation of the dorsal nerves.

Atony of the abdominal muscles, causing much uneasiness and difficulty in expelling the contents of the bladder and rectum, is a constant symptom; and irregular pains, and sometimes partial paralysis in the integuments covering the lateral parts of the belly and thighs.

In the lumbar nerves, we have severe aching in the region of the loins, soreness over the skin and muscles of the genital organs and upper part of the thighs; painful and spasmodic dartings along the crural nerves, and down to the ankles and feet, with trembling, unsteadiness, and loss of power, similar to what is observed in the upper extremities. And in affections of the sacral nerves, the sacro-spinales and glutei muscles are found to partake in the disease, and the parts in the neighborhood of the perineum.

In some acute cases of Irritation of the roots of the Spinal Nerves, or in those that have become chronic, the disease is very frequently seen to extend itself through the medium of the communicating branches, to the ganglial system; and in addition, therefore, to those symptoms, which have just been enumerated, we have others, consisting chiefly of irregular and spasmodic action of the involuntary muscles, and of the perverted functions of those organs and viscera, which derive their nervous energy from the ganglia to which the irritation has been continued.

When the disease has been carried from the spinal nerves of the upper part of the neck, by the correspondent branches of communication, to the cervical ganglia, the chief additional symptoms are violent and stabbing headachs, painful throbbings of the carotid and temporal arteries, and a fixed and heavy pain at the base of the skull, sometimes extending itself by the mastoid process, under the angle of the jaws, to the fore part of the neck.

When the middle half and lower portion of these nerves are in a state of irritation, or when the disease extends itself throughout the whole of the cervical spine, as is sometimes the case, the inflammatory excitement is communicated in like manner to the cervical ganglia, and thence downwards to the cardiac nerves and cardiac plexus.

From this division of the ganglial system are furnished nervous branches going to the heart and lungs, to the aorta and the large bloodvessels of the parts situated within the thorax, and others which supply the involuntary muscles of these parts with their nervous energy. The heart and great bloodvessels are affected by irregular and spasmodic action; and are subject to various morbid and highly painful sensations; there is frequently severe aching and distress in the act of inflating the lungs, and a remarkable sensation of paralytic depression in the attempt to expel the air. Any of these symptoms readily occur when the patient has been alarmed by a sudden or unexpected occurrence, or when she has been hurried by any little increase of exercise or mental application.

As the disease advances, these symptoms are more frequent, more strongly marked, and are less easily removed. The intervals of freedom from the complaint gradually contract, until at last the patient becomes so irritable, and suffers such severe and continual pain, that her spirits are worn down, and she becomes weary of existence.

Should the disease have arisen in the dorsal region of the spine, the same affection extends itself to that division of the ganglial system which gives off nerves to the organs and viscera of the abdomen. The solar plexus wholly, the semilunar ganglia singly, or the splanchnic nerves and thoracic ganglia, appear in these cases to be affected by the malady: all those parts, indeed, of the abdominal cavity in succession, which receive energy from the solar plexus, or its secondary ganglia, are more or less subjected to the irritation. The diaphragm, stomach, liver and spleen, and the large and small intestines, and kidneys, as their appropriate ganglia are affected, become, in their turn, or together, liable to the encroachments of the disease.

If the stomachic plexus be the seat of the disease, we have painful depression at the region of the præcordia, especially after taking food; tenderness on pressing the stomach; difficult and incomplete digestion, attended with flatulence and preternatural distention; a feeling of anxiety about the heart, periodical and violent palpitations, and vertigo. These impressions being carried, through the medium of the cerebro-spinal connexions, to the brain, are frequently productive of sudden and distressing terrors and alarms, and the patients are occasionally tortured by the fear of apoplexy or some other fatal disease, of which, however, there is no real or perceptible indication.

The secretions of the stomach are greatly perverted; the gastric fluid becomes sour and unfit for the perfect solution of food; and whenever an attempt is made by the patient to extricate the nauseous air, which is plentifully formed, large quantities of acid watery fluid are brought up, and temporary relief is obtained from the removal of the distention and acrimony.

The biliary secretion in all probability too undergoes similar changes; and although the liver, perhaps, may not be endowed with a degree of sensation equal to that of the other viscera of the abdomen, yet severe pain in that organ is occasionally detected accompanying affections of the secondary ganglia of the central plexus.

The large and small intestines, when the mesenteric plexuses form the seat of the disease, are visited with severe twistings, and painful distentions, most frequently extending over the region of the colon, and producing intolerable anguish and distress. The sensibility of these organs is also very often perverted, the filaments sent off by these plexuses to the intestines being exceedingly numerous and highly susceptible.

In an extension of the disease from the lumbar nerves to the lower division of the ganglial system, we have painful affections of the kidneys and uterus. The menstrual discharges are commonly interrupted, and generally profuse, especially when the complaint has been of some duration."

We could not abbreviate, without injury, the foregoing symptomatology, and have therefore given a long extract, in the author's own words. We shall next advert to the

Treatment.

In common cases of spinal irritation the treatment is very simple. Abstraction of blood from the part where tenderness has been discovered, by leeches or cupping, generally affords relief; and this is to be repeated, at intervals of three or four days, if the pains should return, or as often as may be judged necessary. When the more urgent uneasiness has subsided, a small blister on each side of the affected vertebræ, or a single larger one, above or below them, will be found beneficial. These must be repeated from time to time. Blisters are generally applied to the spine too soon after leeching, by which irritation is increased rather than allayed.

"In recent and slight cases, a single bleeding, or the application of a blister, will frequently succeed in effectually removing the disease; and I have known several instances where the complaint had been misunderstood, and had existed many months, and even years, which have given way without difficulty, when the curative means were applied to the true seat of the irritation, instead of the nervous filaments, which are the seat only of the distant symptoms. Some simple aperient medicine may be given, with a view of restoring the proper functions of the stomach and bowels, if it should be required, but more than this does not appear necessary; the depletion and blisters almost always proving sufficient for the removal of the irritation, and the restoration of the healthy functions following as a matter of course, as soon as the part has been properly relieved.

In the Spino-ganglial Irritation the same means are to be had recourse to, and it is necessary to attend, during the progress of the cure, to the state of the irregular secretions. In some cases, where the patient suffers from severe cardialgia, and is troubled with acid and flatulent eructations, I have generally been in the habit of prescribing the carbonate of soda or potass pretty freely, along with some simple bitter infusion; and in others, where restlessness and feverish excitement are urgent, they have been allayed by the use of the liquor acetatis ammoniæ, and small doses of opium and the submuriate of mercury.

Where the fixed pains have entirely subsided, but where there yet remains a sufficient degree of uneasiness to disturb the comfort of the patient, I have had recourse, as advised by Mr. Teale, to the use of some stimulant embrocation, which is directed to be rubbed over the spine occasionally; such as the liniment. subcarb. ammoniæ, or camphorated oil with spirit of turpentine. These applications keeping up a degree of stimulus or moderate counter-irritation, have been productive of very good effects. The flesh-brush, mustard poultice, or warm fomentation, will likewise answer very well.

Any debility consequent on the necessary depletion will soon be remedied by a gradual return to improved diet; and if any loss of appetite remain, the sulphate of quinine, or some of the preparations of iron, may be useful; except, however, in chronic cases, or in some debilitated constitutions, these will seldom be required, and unless due attention have previously been directed to the state of the spine, they are inefficient and useless."

Some cases are detailed in illustration of the precepts here laid down, but we do not deem it necessary to insert any of them in this place.

II.

Communicated for the Boston Medical and Surgical Journal.

THE TRUE VALUE OF OSSEOUS GELATINE, FOR FOOD.

Mr. Editor—I was always among those who believe that men, like plants, to flourish well must be well nourished. It has not been, therefore, without some incredulity, I have read accounts, from time to time, of new methods of abstracting food from substances not heretofore used for such purposes. Among these, the two most prominent are those which you have noticed in your work, for procuring nutritive gelatine from bones, and making bread from sawdust. The latter came from good authority, but I must say of the proposition, that no degree of fame in the person who brought it forward can give currency to such an improbability; but, on the other hand, such a suggestion will be apt to drag the author after it to the unenviable place where it is destined to rest.

The former proposition came from M. D'Arcet, who favored the public with a book on the subject; and his system being plausible, gained favorites among those in power. Saving of expense was its charm, and it could hardly have had a stronger. It was adopted in several of the French hospitals, where convalescents were fed on the gelatine extracted from the bones of all sorts of animals. The biscuits, which are made from this substance in a method described by M. D'Arcet in one of his pamphlets, were substituted for those of flour, so that the far-famed *gelatine* took the place of vegetable as well as all other animal food. Nor was it the sick alone or convalescents who were put upon this diet: stout men with stout hearts also were starved upon it; the soldiers who composed the expedition against Algiers, were fed upon it; and their success was regarded as evidence of the power of *la gelatine*.

It seems after all that when put to the test of direct experiment, this substance is not quite so potent a remedy for hunger and leanness as the pure-minded and philanthropic, but I humbly conceive over zealous, discoverer, would have us suppose. A medical student, M. Donné, has communicated to the Royal Society of Paris, an account of some experiments in which the true nourishing power of this substance was tried, and he was led to them by an impression that the subject is an important one, and that an attempt to settle the question is a duty we owe to the lower classes. He began by taking, every morning, as much of the gelatine as M. D'Arcet considers equal to two basins of good meat broth, with three ounces of bread. The quantity was gradually increased to the amount of ten basins. The gelatine was differently seasoned and flavored each day, so as to prevent it from exciting nausea or disgust. During the week in which M. Donné confined himself to this diet, he experienced constant sinking and feebleness, and lost two pounds in weight. The next week he took, instead of gelatine, five or six bowls of ordinary meat broth, and four or five ounces of bread daily, and regained an ounce and a half of his lost weight.

Similar experiments were tried on two dogs, with similar results.

It seems then, after all, that we must exercise reason and moderation in forming a just estimate of this as well as of every other novel proposition. Gelatine is unquestionably not entirely destitute of nutritive qualities ; but that it will ever take the place of beef and mutton, or can be safely used as a substitute for broth or *soup maigre*, is not at all probable.

Not having seen in your Journal any notice of the experiments of M. Donné, I have taken it on me thus to apprise the profession of them. Respectfully, yours, M.D.

Boston, January, 1832.

III.

ON A DISEASE RESEMBLING GOUT.

Communicated for the Boston Medical and Surgical Journal.

By Edw. G. Davis, M.D.

Notwithstanding some circumstances which ally this disease to other forms of arthrosia, it is, I believe, a generally received opinion that true gout is a disease sui generis, having little resemblance to or connection with any other complaint. Among the circumstances considered as peculiar to gout are its disposition to recur in paroxysms, its tendency to fix itself on the small joints, and its connection with internal and gastric disorder. It is also viewed as generally connected with hereditary predisposition. Some observations I have made have served to convince me that gout is less distinct than is generally supposed, and that an affection agreeing with it in some particulars, which are supposed to distinguish it from rheumatism, but not affecting the small joints, and unconnected with hereditary predisposition, is of somewhat frequent occurrence. What is the nature of the complaint to which I allude will be best understood by an account of some of the cases in which I have met with it.

Two years since I was requested to visit a gentleman about thirty years of age, whom I found affected as follows. The skin over his right inner ankle was red, tense, tender and painful to an extent perhaps of ten or twelve square inches, so that he was obliged to refrain from walking, and to keep his foot supported on a chair. There was no local cause to account for the state of the parts, nor was he subject to rheumatism. He had lived somewhat freely, eating and drinking and indulging himself without reserve, and not long before had been troubled with a venereal affection. He had applied leeches, which appeared to aggravate the state of the parts. I recommended to him to change his diet to a very simple one, and to take colchicum. He took the vinum colch. for three or four days, so as to affect his bowels, and lived on light vegetable food. Under this treatment the state of the parts improved. He then began to ride out, and engage somewhat in business, so that he nearly discontinued medicine. He gradually recovered, however, without any other treatment.

During the same summer a man applied to me with an affection nearly similar. The ankle was stiff and painful, with an erythematous blush extending over a considerable space of the side and front of the foot. He was a mechanic, whose occupation was perfectly sedentary, giving no exercise whatever to the muscles, and who was a free liver, though not as I believe at all intemperate. I cannot speak positively as to the course of treatment pursued in this case, as the man did not continue under my care. I saw him occasionally, so as to satisfy myself that the local means which were employed had no material effect, and that he was gradually cured by means of low diet, not employed expressly as a therapeutic agent, but incidental to the remedies used. The case was tedious, and he did not regain his previous healthy appearance.

A woman, generally in good health, but very corpulent and indulging freely, was attacked with violent pains and swelling about the ankle joint of one foot. This was in some measure relieved by local remedies, such as fomentations, &c. She was then ordered colchicum, of which she took a large quantity, say a drachm in a day in powder, with little effect. The wine of colchicum was then tried at about two drachms at a dose, which produced its specific effects of vomiting and purging, with prompt relief to the symptoms.

In May, 1831, I was applied to by a young gentleman on account of a swelling in the foot, which he said appeared very bad, and was then rendering his ankle stiff, although he had walked without much inconvenience for the two days which had elapsed since it made its appearance. On examination a blush appeared to surround the affected ankle, extending to a considerable distance. The redness disappeared on pressure with the finger. The part was neither very tender, nor extremely painful, although this was the close of a day during which he had attended to his business as usual. There was in fact much less pain than ordinarily attends rheumatism when at all severe. In explaining his situation, he told me that he had formerly been in much more active habits than at present; that for five or six months he had been confined to a desk through the whole day, with only a sufficient interval allowed him to go to his dinner; that he lived well, and drank considerable quantities of cider; that he had no diarrhœa, and was not conscious of any gastric irritation. I ordered him an active cathartic; told him to bathe the limb and enclose it in flannel, to give it as much as possible a horizontal position, to omit cider and gravies, and to exercise himself in rowing the next day for three or four miles in the harbor. He faithfully followed my directions; extended his boat excursion beyond the assigned limit, and returned greatly benefited by the exercise. The disease rapidly disappeared.

About three weeks after the above, a man of feeble constitution, and whom I had attended in three successive attacks of colic, accompanied with constipation, brought on by inactive habits and undue repletion, applied to me with a swollen and painful ankle, the appearance of which was little different from that described in the last case, though the part was more tender to the touch. The weather of the preceding week had been warm, and he had indulged freely in the use of beer and cider, particularly the latter, taking as usual but little exercise. The bowels were relaxed. I directed at once the omission of these articles, and with scarce any other treatment the pain and redness both disappeared in the course of twenty-four hours.

That the above cases present a decided resemblance to each other, will not, I think, be disputed. That they were distinct from gout is equally obvious. The seat of the inflammation, the degree of pain, the duration and the want of periodical character in the attacks, are sufficient to establish this distinction. The affection was not in either case common rheumatism. The pain was not as violent as in that disease, neither was there that degree of difficulty in motion with which rheumatism is usually accompanied. It must therefore be considered as forming an intermediate disease, possessing something of the character of both the others. The strong sympathy which was manifested between the part affected and the stomach, certainly allies it in character to gout. It has often been remarked that gout is produced by a state of stomach in which a free acid is generated; so that alkaline substances, like the carbonate of soda, have enjoyed the reputation of being almost specific. Without assuming that this was the state of the stomach in the cases alluded to, it is worthy of remark, that the articles which appeared to disagree, were acids and fermenting substances, and it is therefore not improbable that the gastric disorder depended on the presence of this agent.

Boston, Dec. 28, 1831.

MEDICAL JOURNAL.

BOSTON, JANUARY 3, 1832.

COOPER'S LECTURES—CLOQUET'S ANATOMY.

Few young men in the profession in this country have been so fortunate as to listen to the lessons in surgery, which, for the last thirty years, have fallen from the lips of Sir Astley Cooper; and no one will probably ever again sit under his instructions. All, however, have now an opportunity of profiting by his experience and gathering his instructions, in a cheap and agreeable form.

It is well known that he revised his lectures, about the time he resigned his professorship, for the purpose of publication. They were subsequently published in London under his own eye, and after having gone rapidly through several editions, were republished in this country. The third American edition is now from the press of Lilly & Wait, of this city. It consists of three octavo volumes, neatly executed, and containing numerous colored plates illustrative of the text. The lectures of Mr. Cooper, revised by himself, published under his direction, and accompanied by the illustrations of cases and lithographs, require no words of ours to recommend them.

From the same press has been recently issued Dr. Knox's translation of Cloquet's Anatomy; unquestionably superior in accuracy of detail, and fulness of description, to any other work on the subject in the English language. Dr. Knox is well known to be an eminent teacher of this science in Edinburgh, and he selected the great work of Cloquet as the best guide for his students in their private studies and their dissections; and in both the selection and the translation of this work, he has received the sanction and merits the thanks of the profession.

The Boston edition is in one volume octavo, of 836 pages.

SKETCHES OF THE HISTORY OF MEDICINE.

Pythagoras.—The school of Pythagoras, which holds so distinguished a place in the annals of philosophy, ought not to pass unnoticed in a history of medicine. This philosopher has the better claim to notice in a medical view, as he turned the attention of mankind to the functions of the human system, and explained many of them with considerable success. He was born at Samos, travelled in Egypt and the East, and founded his school in Crotona in Italy. Many of his doctrines were curious, but their extravagance has been in modern times greatly exaggerated. His interdiction of animal food, about which much has been said, was not complete. His disciples were not permitted to eat fish, because, as Athenæus says, they were an emblem of taciturnity, which quality he held in peculiar esteem. His prohibition of beans has been attributed to many mysterious associations, which these vegetables were supposed to hold, and particularly to the affinity which he imagined between them and the human body. By some very respectable writers, the prohibition itself is understood in a metaphorical sense, as beans were the symbols used in voting, and Pythagoras discouraged his pupils from engaging in political warfare. Others of his directions had a more obvious object. He prescribed extreme and rigid government of the passions; the value of self denial was carried so far among his pupils, that when tormented by hunger, they would have the most delicate dishes placed before them, and immediately removed untouched. He is said to have attributed extraordinary powers to numbers, but the fancy was carried much farther by his disciples than by himself. Aristotle, who is the best authority on this point, has not given to the science of numbers a conspicuous place in the Pythagorean philosophy.

Pythagoras practised the art of medicine, and though he laid the greatest stress on the direct exertion of divine power, on dreams, magic, expiations, and purifications, he employed also the aid of physical remedies. He attributed some remarkable virtues to plants. Pliny asserts that he considers the vinegar of squills a certain means of prolonging life. He recommended anise dissolved in wine against the bite of the scorpion; and thought that this article, when held in the hand, possessed virtue in epilepsy. Both he and his disciples were averse to surgery, and neither practised incisions nor cautery. Anatomy was of course out of the question, as the principles of the Pythagoreans led them to regard with aversion even the dissection of animals.

The attention of the Pythagorean school was much turned to physiology, and particularly to the function of generation. Alcmeon, one of the most distinguished disciples, regarded the seed as an emanation from the brain. This idea was no doubt suggested by the mental weakness which had been observed to result from the loss of this fluid. He considered the fetus in utero as receiving its nourishment not by the mouth or umbilical cord, but by the whole surface, which absorbed nutriment from that of the organ, like a sponge. He regarded the nutriment of the egg in the same light, considering the white a sort of milk, by which the yolk was nourished. His theory of sleep was, that it proceeded from the accumulation of blood in the large vessels, and ceased when this fluid came to be dispersed over the system. When this return does not take place, in consequence of a stagnation, the effect is death.

The most celebrated, perhaps, of the Pythagorean school, was Empedocles of Agrigentum. He united, like the other sages of antiquity, the professions of law, physic and divinity. He taught temperance and good morals, and improved the character of his native city. Many of the exploits recorded of Empedocles partake of the marvellous, but probably have their foundation in truth. He arrested the fatal effects of a pestilential wind, by closing the passage between two mountains through which it blew with the greatest fury. He delivered the city of Selinentum from a pestilence, by changing the course of a river, and thus filling up a morass, the exhalations of which had caused the disease. He prevented the ruin of Agrigentum by putting a stop to a storm of rain which threatened to inundate it. These wonderful exploits, and the extraordinary cures which he effected, caused him to be regarded as the peculiar favorite of the gods, and as possessing a control over the course of nature; and if he did not share in a small degree the same belief, he was abundantly willing to encourage it in others. The prevalent opinion with regard to the cause of his death, is, that he threw himself into the flames of Mount Etna that he might obtain the reputation of having been transported to heaven. By many authors, however, this story is regarded as fabulous.

Empedocles was the author of the doctrine which for so many ages held undisputed sway in the schools, that the material world consists of four elements, fire, air, earth and water. To the principle which unites these in various forms, he gave the name of *amity;* and to that which tends to separate them, and to reduce the world to chaos, of *enmity.* These opposite principles he supposed to be daily contending with each other; and as in consequence of the predominance of the one, order has resulted from confusion, so in virtue of the other will the world again return to chaos, from which it will be awakened after a certain lapse of time by the operation of the same laws.

According to the same doctrine, animate as well as inanimate existence is owing to the fortuitous concourse of these primary principles. Among the innumerable forms thus produced, some by their symmetry are fitted to be endowed with animal life, and therefore grow and propagate their species; while others, whose forms are monstrous and ill developed, are incapable of continuing life, and return into the chaos from which they had emanated.

The most complicated forms of animal structure were equally traced by this philosopher to the influence of accidental causes. Empedocles attributed the structure of the spine to the disunion or fracture of a single bone; the alimentary canal to the accidental passage of a current of water through the body at the moment of birth; and the opening of the nose to a current of air established at the same time. He thought that animals might be produced from the soil, when warmed to a certain temperature, without the intervention of any other cause. He considered vegetables as an inferior race of animals, having the faculty of volition, and being susceptible of the emotions of joy and grief. In view of this close analogy, he gave to the seeds of vegetables the name of eggs, and considered the leaves as representing the hairs of quadrupeds, the feathers of birds, and the scales of fishes.

His theory of respiration rested on the notion that nature abhorred a vacuum. The passage of the air into the lungs is caused by the void which takes place, when the embryo, previously surrounded by water, is freed from it at the moment of birth. The air thus inhaled is driven out by the animal heat, and this alternation of action being continued, produces the phenomenon of breathing.

Anaxagoras, the contemporary of Empedocles, invented the theory of homoidmeries, or similar parts, which considers all compounds as made of particles perfectly homogeneous or similar. His physiology had principally reference to the theory of generation. He seems to have been the first who referred the difference of the sexes to the part of the uterus which the semen occupied, a theory which has been revived, with some modifications, in very recent times. This philosopher employed himself much in the dissection of animals, and arrived at some curious conclusions.

Democritus of Abdera, and Leucippus, adopted the theory of atoms, but with some modifications. The atoms of Leucippus are various in their forms, as are the bodies which are formed by their union; but in their quality of being indivisible, they have neither hardness, softness, color, nor any other property. According to this theory, vision is produced by the corpuscles of bodies possessing their form, and impinging on the organ of vision or mingling with its humors. Hearing and smell are equally produced by the impression of the corpuscles of bodies on the organs of these senses. Among the numerous treatises said to have been composed by Democritus, we find the following titles—Epidemic Diseases, Regimen, Fever, and the Causes of Disease.

Heraclitus, of Ephesus, considered fire as the cause of all things. All bodies, according to him, owe their origin to the condensation or rarefaction of this principle. The condensation of fire produces air; that of air produces water; and that of water, earth. Opposite elements are attracted, according to this philosopher, while those of similar nature repel each other. In this idea he was exactly opposed to the philosophy of Empedocles. He derived soul from the evaporation of fire, and the soul of man from the soul of the world.

THE CHOLERA.

Every arrival from England brings us information that tends to increase the deep interest everywhere felt by the profession, in this absorbing subject. The report of the existence of the disease in Sunderland, England, rests on the authority of a letter written by one of the most respectable houses in Newcastle to a gentleman in Liverpool, and posted by the latter in the public newsroom of that town. Sunderland is about 20 miles from Newcastle, and in travelling that distance the true state of the case might have been considerably exaggerated; but there is no other reason to discredit the account than the general tendency in mankind to magnify reports on subjects with respect to which the public is sensitive, and the feelings of every individual are morbidly excitable. The following is the extract of the letter above referred to.

> "*Newcastle, Nov.* 2, 1831.
>
> "We are sorry to say that there is too much truth in the report we had a few days ago of the Cholera having been introduced into Sunderland by the chest of a seaman who died at Riga. It was then stated, that the widow, who opened the chest, had sickened. To-day we have accounts of six cases, five of which have proved fatal."

The effects of this rumor were, a general panic, a determination of several persons to leave the country for a season, an edict of the King in privy council, directing the Archbishop of Canterbury to prepare forms of prayer to be used in all the churches and chapels during the continuance of danger from cholera, a general belief in the contagiousness of the disease, and a rigorous enforcement of the means deemed most expedient to prevent its extension. All the drugs said to be used in the treatment of the malady, also rose suddenly in price: camphor, e. g. which sold before at a sum equal to 21 dollars, advanced in one day to double that price, and the day following to 65 dollars; and one holder of cajeput oil is said to have realized no less a sum than 56,000 dollars by the rapid advance of that reputed remedy. The report of the existence and fatal termination of these cases must have been well substantiated to produce results of a public and private nature so decided and unequivocal.

A hope was however entertained that the cases were not those of the genuine continental cholera, but only severe attacks of the common cholera morbus, which is known to have been of late more than usually rife and fatal in England. In favor of this opinion, is the fact that no new cases were reported two or three days after; but against it are the extreme fatality of the cases that had occurred, the circumstances under which they took place, and the season of the year. We have only to add, that if it were common English cholera which killed five out of six, the fact is not very full of consolation; and if it were the Asiatic cholera, and the facts in the case are correctly stated, the contagiousness of that disease by merchandize seems to be proved, and the doctrine of quarantine nullification is at an end.

CURE OF FEVER BY POWDER OF HOLLY-LEAVES.

On the 11th of April, M. Rousseau announced to the Academy of Sciences of Paris, that in three distinct cases of recent occurrence, fever had been completely cured by a few doses, of a drachm each, of the powder of holly-leaves, diluted with half a glass of water. The Academy directed the Medical Committee of the Prix Monthyon to take cognizance of the cases.

On the 23d of May, M. Deleschamps, a young chemist, announced that he had succeeded in obtaining a new vegetable matter from the bark of holly, to which he had given the name of ilicine, and which may be substituted for quinia in the treatment of intermittent fevers. It will be recollected that an extract of the bark of willow, called salicine, has already been suggested as a substitute for sulphate of quinia. Should experience prove that the qualities of these two matters are at all comparable to those of quinia, their low price will render the discoveries highly important to the lower classes.—*Journal of the Royal Inst.*

Lithotrity.—M. Segalas has communicated to the Royal Academy of Medicine, the case of a man, forty-five years of age, who, for the relief of dyspepsia, caused by mental and physical fatigue, was restricted to a vegetable diet, consisting in great part of sorrel. Two paroxysms of violent nephritic colic soon supervened, and frequent hematuria. A urinary calculus was detected by the lithontriptor, and it was removed at a single operation. Chemical examination showed it to consist of oxalate of lime. M. Segalas offers two remarks in relation to this case: 1st, that the calculus, which could not be detected in two examinations with the sound, was afterwards detected with the lithontriptor; 2d, that lithotrity has here cured a patient in a single sitting, who was too nervous to submit to lithotomy.—*Archives Générales.*

Regeneration of the Nervous Tissue.—Several experiments have been recently instituted by a French philosopher, to obtain more clear and satisfactory notions than we have on this subject. The results at which he has arrived are,

1st. That when a nerve has been divided, the reunion of the two ends, which soon takes place by means of a whitish cellular tissue, is not sufficient to re-establish the function of the nerve. 2d. That it is necessary that this interposed substance should be traversed by nervous filaments extending from the upper to the lower divided portion. 3d. That this restorative appears to require a considerable period of time before it is perfect.

External Application of Laudanum.—A case is related in the Journal de Chemie in which very serious narcotic symptoms were induced in a child two months old by the application of cerate with 15 drops of laudanum to an excoriation on the neck. Relief was obtained by the removal of the cerate, and the application of a few leeches.

Dr. Howard's interesting case of Perforation of the Stomach, will appear next week.

Whole number of deaths in Boston for the week ending Dec. 23, 49. Males, 26—Females, 23. Stillborn, 1.

Of mortification, 1—consumption, 7—childbed, 1—unknown, 6—croup, 4—inflammation on the lungs, 1—old age, 6—complication of diseases, 1—lung fever, 4—scarlet fever, 2—influenza, 6—inflammation in the bowels, 1—throat distemper, 1—burn, 2—debility, 2—intemperance, 1—dropsy, 1—dropsy on the brain, 1—hooping cough, 1.

ADVERTISEMENTS.

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee of Harvard University give notice that the following Prize Questions for the year 1832, are before the public, viz.

1st. "What is the cause of Fistula Lachrymalis, and what is the best mode of treating the disease?"

2d. "What are the circumstances in which the drinking of cold water in hot weather proves injurious? What are the diseases which arise from this cause, and what is the best mode of treating these diseases?"

Dissertations on these subjects must be transmitted, post paid, to JOHN C. WARREN, M.D., Boston, on or before the first Wednesday of April, 1832.

The following questions are now offered for the year 1833, viz.

3d. "The History of the Autumnal Diseases of New England."

4th. "What Insects of the United States, and particularly in the Northern part, are capable of inflicting poisonous wounds? The phenomena of such wounds, and the best mode of remedying their ill consequences?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1833.

The author of the successful Dissertation on either of the above subjects, will be entitled to Fifty Dollars, or a Gold Medal of that value, at his option.

Each Dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained if called for within one year after they are received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connexion therewith.

Boston, August 10th, 1831. GEO. HAYWARD, Secretary.

☞ Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion.

Sept. 13—3te4p.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. V.] TUESDAY, JANUARY 10, 1832. [No. 22.

I.

ON THE INDICATIONS OF THE PULSE.

By Dr. Burne.

In the Medical and Surgical Reporter, Dr. Burne, of Spring Gardens, has published some physiological observations on the motions and structure of the heart, which had been read at the Physical Society of Guy's Hospital, three years ago, and now sent forth on account of the discussions which are afloat respecting the motions and sounds of the heart. We apprehend that these discussions have led to no conclusive result, much less to any useful purpose. We shall therefore pass over the physiological portion of this paper, and give our readers the practical part with which the communication winds up.

Indications of the Pulse.

"The character of the pulse depends on three circumstances, namely, the volume of blood sent forth by the left ventricle at each contraction of the heart; the force with which that blood is propelled; and the degree of tonicity of the artery. These causes, together with the frequency of the heart's action, give rise to all the varieties of the pulse. The character of the pulse is, moreover, modified by the state of the skin, according as its temperature is high or low, or as it is dry and contracted, or relaxed and perspirable.

The volume of blood sent forth by the ventricle at each contraction, is necessarily regulated by many circumstances : as by the supply of blood which that ventricle receives, and by the area of the mouth of the aorta, &c. The supply of blood may be abundant, from a general fulness of the system, and activity of the circulation ; or scanty, from an opposite state of things. The supply may also be deficient, from a diseased condition of the lungs opposing the transmission of blood from the right to the left side of the heart, or from a narrowing of the auriculo-ventricular opening. The area of the mouth of the aorta may be diminished by disease of its valves, or increased by dilatation. All these different circumstances influence the character of the pulse, and the pulse, therefore, becomes an indicative sign.

Notwithstanding the pulse is mainly produced by the action of the heart, it does not always correspond with that action. The action of the heart will sometimes be impetuous and strong, while the pulse is small and weak ; as in a narrowing of the orifice of the mitral valve from cartilaginous or osseous deposit.

The various characters of the

pulse may be represented by the following designations. It may be strong, weak, hard, soft, wiry, sharp, harsh, grating, jarring, vibrating, falling back, fleeting; or full, large, small, thready; or yielding, open, contracted, tight; or rapid, frequent, accelerated, slow; or it may be quick, free, equal, unequal, regular, irregular, hesitating, laboring, intermittent, fluttering.

Each of these terms designates some notable peculiarity of the pulse; and as they are numerous, and as most of them cannot be measured except by the sensation produced in the mind, it follows that the accuracy of this measurement must depend on the skill of individuals, and hence the difficulty of an acquaintance with the science of the pulse. But although the task is difficult, it may be accomplished by diligence and perseverance. The ready use of the stethoscope, requires the ear to be educated; and an education of the touch is necessary to a correct judgment of the pulse.

If time can be profitably spent in acquiring a knowledge of mediate auscultation, much more may it be so spent in acquiring a knowledge of the pulse; because the pulse is one of the most prominent signs in disease, and one of the most certain indications in the treatment. Without the assistance of the pulse, we cannot advantageously, or even safely, employ bloodletting, which is the most powerful of all our remedial agents—the most beneficial when judiciously prescribed, the most fatal when prescribed in error.

The characters of the pulse are produced by three causes; the heart, the volume of blood, and the artery; and as these causes always operate, it follows that every given pulse must have several characters. Thus, the same pulse may be strong, full, and firm; the strength resulting from the heart, the fulness from the volume of blood, and the firmness from the tonicity of the artery.

Of the terms already specified, some belong to the heart, some to the volume of blood, some to the artery, and some to these causes combined.

Those which depend upon the heart, are *strong*, *weak*, *sharp*, *jarring*, *rapid*, *frequent or accelerated*, *unfrequent*, *quick*, *slow*, *equal*, *unequal*, *regular*, *irregular*, *hesitating*, *laboring*, *intermittent*, *fluttering*.

Those which depend upon the volume of blood, are *full* and *small*.

Those which depend upon the artery, are *contracted*, *tight*, *yielding*, *open*, *harsh*, *grating*.

Those which depend upon the above causes combined, are *hard*, *soft*, *wiry*, *vibrating*, *falling back*, *fleeting*, *thready*, *large*, *compressible*.

The pulse, in health, beats about 72 strokes in the minute, or thereabout, and the number varies a little in the course of the day and night, being rather more than 72 in the evening, and less than 72 before rising in the morning. Its natural character is *equal*, *regular*, *soft*, and of *moderate strength and volume*.

In the deviations from health, the pulse varies in character according as the nervous or sanguiferous systems are prominently affected, or as both are affected simultaneously; and it is this difference which gives rise to that peculiarity of pulse, which surgeons meet with so frequently after the shock of an accident or operation, and which is known by the term *irritable pulse*, or *pulse of irritation*. This pulse derives its peculiarity from the excitement of the nervous system; and its character may be described as follows: it is frequent, the stroke is quick, short, rather sharp, but not strong, the impression on the finger being rather smart but not lasting. Its volume may be small or otherwise, but is never full.

There are many diseases and conditions of the body which are accompanied by a particular kind of pulse, and in some of which the peculiar pulse is in part diagnostic. As, for example, the pulse accompanying pneumonia, pleurisy, apoplexy, and depression of the skull from fracture; concussion of the brain, adhesion of the pericardium, valvular disease of the heart, and that succeeding sudden hæmorrhage, and therefore called the hæmorrhagic pulse. This last is of so much importance, as to deserve our best attention: for the efforts of the heart to keep up the circulation, after sudden and copious hæmorrhage, give a character to the pulse which is apt to be regarded as indicative of increased power, and so to lead to error in practice.

The hæmorrhagic pulse is frequent and open, and the stroke is quick and rather smart, but short and falling back, and leaves but a slight impression on the finger. This open character is sometimes mistaken for a full pulse, and the quick and rather smart stroke construed into strength, which may tempt a practitioner to abstract blood, while the symptoms are already produced by the loss of blood: but the slight impression upon the finger, and the sensation of falling back after every stroke, will at once determine that there is a deficiency of strength and volume of blood.

The pulse of an intense pneumonia, is the best example which can be furnished of a full pulse, the very nature of the disease causing, in the early stage, a very abundant supply of blood to the left ventricle.

Pleurisy offers an example of a firm pulse; so also do some cases of concussion of the brain, during the succeeding inflammatory stage.

The adhesion of the pericardium is attended with so peculiar a pulse, as to be a diagnostic sign. It is generally said that there are no signs by which the adhesion of the pericardium can be detected; and this is true to a certain extent. It is true, for instance, where the adhesion is by the medium of a rare and loose cellular tissue which allows the free motion of the heart; then there are no signs, because the action of this organ is not interfered with: but where the adhesion is firm and close, it so impedes the action of the heart, as to give a decided character to the pulse. The pulse, under these circumstances, is frequent; the stroke is unpleasantly sharp; is quick and strong more or less, and more or less full.

In ascertaining the nature of the pulse, we must be circumspect, and take care that we are not led into error by any accident or idiosyncrasy: for instance, any inflammation of the finger, or rheumatism of the wrist, will affect the pulse of the affected arm; or if one arm has been lying out of bed, while the other has been covered, the pulse in the two arms will differ exceedingly; or there may be a naturally vigorous stroke of the heart, which is usually attended with a thick strong artery, and so on.

The characters of the pulse which I have attempted to draw, will, I am afraid, be regarded by some as unnecessarily minute; and they may appear difficult to become acquainted with: but they will easily be made familiar by patience and industry; and the satisfactory, and, I may add, practical information, which I have gleaned, in proportion as I have devoted time and attention to the contemplation of the characters of the pulse, urge me to recommend the study of its indications, as leading to the acquisition of valuable knowledge."

II.

CASE OF MELANOSIS.

By John Crampton, M.D.

Daniel Browne, aged thirty-four, a weaver, was admitted into the Whitworth Chronic Hospital, on the 28th June, 1828. He labored under ascites to a great extent, the abdomen being unusually prominent, and his disorder was of six years standing. Fluctuation was distinctly perceptible, but a part of the distention evidently arose from solid enlargement of the liver: the margin of this viscus could be traced extending transversely into the left hypochondre, which it filled completely, and downwards to within an inch of the spine of the ilium on both sides, and fully above two inches below the umbilicus. Several tumors were felt on its surface, of which the patient himself was sensible. He suffered no pain, excepting the distress occasioned by the incumbrance of the tumid organ, and the distention of the abdominal parietes. Lies on either side, but expresses himself easier when he sits up; his breathing is laborious, but the thoracic organs appear sound, as was evinced both by percussion and auscultation; his bowels were confined, except when relieved by medicines; passes very little urine, and that highly colored; has been very intemperate in drinking spirits to excess.

The case I considered to be one of tuberculated liver enlarged to a great extent, of long standing, with consecutive dropsical effusion, and no expectation was entertained as to a chance of recovery. Remedies were, of course, prescribed to relieve his bowels and promote the secretion of urine, but their effects were only temporary.

On the 26th July, he was in great distress from the enormous distention of his abdomen, and he earnestly requested relief by tapping. His entreaties were complied with, the paracentesis was performed, and four gallons of fluid were removed, with instantaneous relief, and he spent the night comfortably; but the following day he complained of soreness inside the belly. At this time the enlarged liver, with its tumors, could be felt still more distinctly, in consequence of the abstraction of the fluid.

From this period until that of his death, which took place a few days after, he gradually sunk, the pain and soreness in the abdomen increasing, unable to derive any benefit from the treatment adopted. The immediate cause of his death appeared to be inflammation of the peritoneum: this, as frequently happens after tapping, commenced at the puncture, and spread to a considerable extent over that membrane.

His body was examined four hours after death.

External appearances: Considerable emaciation; evident fluctuation in the abdomen; margin of the liver can be traced as described in the history of the case.

Thorax: The pleuræ were studded with black tumors, each about the size of a pea: when cut into, they resembled coagulated blood; the lungs and bronchia were perfectly sound, and the heart natural.

Abdomen: On opening this cavity, upwards of a gallon of fluid was discharged. The surface of the contents of the stomach was covered with immense flakes of lymph, which appeared quite recently formed: this adhered everywhere in bands, and glued the intestines together and to the liver. The peritoneum was of a brownish color, covered with a false membrane, which was easily scraped off with the knife. The mucous membrane of the stomach was very vascular; that of the intestines did not present anything very remarkable; their serous covering, however, was much thickened.

Nearly two thirds of the abdominal cavity were occupied by the liver: the right lobe extended up into the corresponding side of the thorax, compressing the lungs on that side to half their natural dimensions. This immense viscus stretched across and occupied the whole epigastrium, and reached fully two inches below the umbilicus, to within an inch of the spine of the ilium on both sides. On its surface it was thickly studded with round black tubercles, varying in size from that of a small plumb to that of a middle-sized apple. When cut, these tubercles presented a soft pulpy matter, easily broken down, and resembling Indian ink in color, staining everything which came in contact with it. The interior of the liver was also studded with these black tubercles, so that, when cut, the surface resembled a slice of plumb pudding. The liver weighed nineteen pounds; its circumference was equal to three feet eight inches. Transverse diameter of the under surface, fifteen inches; antero-posterior diameter along the horizontal fissure, ten inches; that of the right lobe, twelve and a quarter inches; that of the left lobe, eleven and a half inches.

The spleen was healthy in structure, but smaller than natural, having been compressed by the liver. The left kidney contained several calculi in separate cysts, some black, like coal, others of the uric-acid kind: two similar ones were seen in the right kidney. These calculous concretions were found in the tubular portions of the kidney.

A drawing has been taken of a sliced portion of the liver, and some pieces of that altered viscus have been preserved in spirit.

Melanosis is not a common occurrence to those who are in the habit of examining bodies, nor is it accompanied by any symptoms which would seem to form a diagnosis between it and other changes of structure, which we more frequently meet with in the lungs, liver, and other important organs. The older writers have described some cases of it; but they confounded this morbid production with scirrhus, cancer, or carcinoma, and in some instances with the black matter found in the healthy lungs of elderly people.

The name Melanosis was first given it by Laennec, the talented author of the "Auscultation Mediate:" he described this affection in an unpublished paper, which he presented to the Ecole de Médecine in 1806. He afterwards, in his book published in 1819, considered it a *tissu accidentel*; that it was first a solid texture, and afterwards became softened and was converted into cavities, like other tubercular formations; but that its presence was not denoted by any peculiar symptoms. This opinion of Laennec has been since contested by later writers. Breschet gives some account of melanosis in Magendie's Journal for October 1821; there is also one by Drs. Cullen and Carson, in the first volume of the Edinburgh Medico-Chirurgical Transactions. An excellent description of melanosis in different organs is published by Mr. Fawdington, London, 1826, where he exhibits all the varieties of the disease. A description likewise may be found in Mr. Wardrop's edition of Dr. Baillie's works; but Andral gives a more complete view of the subject in the Dict. des Sciences Medicales, and a still later one in his Precis d'Anatomie Pathologique, 1829. Andral objects to its being denominated a *tissu*, as it is completely inorganic, and may exist in different forms: first, in masses, and these masses either with or without cysts, derived from the cellular texture; secondly, infiltrated or diffused through textures, so as to be incorporated with another tissue; thirdly, spread out into solid strata or layers, especially on the serous membranes; and fourthly, in a liquid state. Examples of this kind may be seen on the mucous membrane of the intestines, where they have been observed covered with an inky liquid secretion after inflammatory affections, and in the cavity of the abdomen after chronic peritonitis. Immense melanose collections have been found in the abdomens of horses, according to the observations of Trousseau, Leblanc, and Dupuy.

In point of chemical analysis, the composition of melanose collections does not differ from that of the blood: albumen, fibrin, a carbonaceous matter, oxyd of iron, and the usual saline ingredients of that fluid, being found in both, according to the experiments of Messrs. Thenard, Clarion, Lassaigne, Barruel, and Foy. M. Barruel considers the coloring matter of the blood the furnishing material from whence the matter of melanosis proceeds. Thus far pathological anatomy, aided by chemistry, leads us as to the nature of these extraneous or accidental developments; but as to the mode of their formation, or the way in which this perverted secretion takes place, we have little to offer but conjecture.—*Dublin Med. Trans.*

III.

USE OF THE NITRATE OF SILVER OINTMENT IN CHRONIC CONJUNCTIVAL INFLAMMATION, AND IN THE EARLY AND LATTER STAGES OF GONORRHŒA.

By Hugh Neill, Esq. M.R.C.S.

It was in October, 1827, that I first had an opportunity of seeing this ointment introduced to practice. I was then for some months a visiter at the Royal Westminster Ophthalmic Institution, and each day a number of cases were brought before my view, when its beneficial effects were so developed, that my attention was drawn towards it in the strongest manner.

The ointment, for the efficacy of which I shall vouch, is composed of ten grains of nitrate of silver, finely levigated, and a drachm of simple unguent, well mixed together. I started when I heard of its component parts, and saw Mr. Guthrie, the first who used it, fearlessly apply it between the lids, and rub it over the eyeball. Still more astonished was I when, a few days after, the beneficial effects of its action upon the diseased surface were developed. From this time forward it was used in almost all cases of chronic conjunctival inflammation, with a success which I may call universal. It was used in many instances of the purulent ophthalmia of infants, and in each case in which I saw it applied, the best results followed.

Between the disease of mucous membranes there is a close resemblance, and it was from seeing the case which I shall now mention that I was first struck with the propriety of adopting a treatment, which for nearly four years I have followed without the slightest cause for regret. A case presented itself in the institution, of conjunctival inflammation; the accustomed treatment afforded no relief, and the man had been for a considerable time under the medical officer's hands, when it was discovered that there was gonorrhœal discharge from the urethra. Mr. Guthrie recommended the introduction of a bougie armed for about an inch with the ointment. The result was favorable; the running in a few days was checked, and the disease of the conjunctiva then readily yielded to the treatment which it had before rejected.

In very many of the European climates I have had opportunities of trying the bougie thus armed, and I can decidedly pronounce, that in the primary stage of gonorrhœa, its introduction has, in the milder cases, in a few hours checked the complaint. In those that were more acute, it has paved the way for a rapid cure.

In the north of Ireland, 1829, a boy was brought to me who had a most hideous eversion of the upper and under lids of the right eye, caused by two fungous growths from diseased conjunctiva. I immediately used applications of solid nitrate of silver. These, with steaming over warm water, were followed up until the excrescences had been reduced from the size of large beans to the level of the healthy surface of the lids. The ointment I then used for a short time, and a disease existent for more than a year was expelled in seven weeks.

When up the Mediterranean in 1828, as surgeon of the steam ship Duke of York (now H.M.S. Messanger), our firemen were sadly annoyed by a sulphurous effluvia from coal procured at Savona in Italy, and their eyes assumed that bleared appearance which may be seen in almost every smoky Irish hut. Steaming over warm water, and one application of the ointment, always gave relief.

A man, a free liver, and formerly a prize-fighter, called upon me about ten weeks since. He had been for some years nearly blind. The shadow of light was all that was admitted, owing to a network of bloodvessels thrown across the front of the eyes, the meshes of which were so closely interwoven that hardly a ray could gain admission to the retina. I tried the use of the ointment, and although most of the vessels of the sclerotical conjunctiva contracted and regained their natural appearance, yet the vessels of the conjunctiva of the cornea were nearly *in statu quo*. I scarified, but it was of no avail. I then removed a portion of their trunks with scissors, applying to the bleeding ends of the vessels the solid nitras argent. I now am applying the ointment: the cornea is rapidly regaining its transparency, and the patient has vision, which for nearly seven years was lost.

To speak again of gonorrhœa. I have had many cases of it up to twelve months standing, and it is seldom that, even at that late stage, my friends have to ask for a third "poke" of the bougie. If the trial and its results should prove as beneficial in other hands as it has done in mine, I shall be glad; for this simplicity of treatment in the early and latter stages of gonorrhœa will conduce much to the alleviation of a most teasing, and, to both patient and surgeon, tedious disease and irksome attendance.

IV.

CASE IN WHICH THE FOOD PASSED UNDIGESTED THROUGH AN OPENING IN THE SIDE.

Communicated for the Boston Medical and Surgical Journal.

By John C. Howard, M.D., Physician and Surgeon to the House of Industry at South Boston.

Mrs. Sullivan, aged 61, entered the Hospital on the 24th of last May. She was then suffering and very feeble in consequence of a large tumor in her left side, which was ascertained to be about an inch and a half above the crest of the ilium, and a little obliquely forward toward the umbilicus. The tumor proved to be an abscess, and, after proper applications, opened and discharged most freely. Her constitution seemed to fail under this great issue, and tonics were administered. The discharge continued undiminished for the space of several weeks, and at length, by the application of cerate of stramonium and opium, healed entirely. She left the Hospital and was apparently cured; but after several weeks returned, and on the first of August complained of pain in the left iliac region, about an inch and a half from the christa of the ilium, which was the spot where the abscess had opened and been cured the last of June. Upon examination, there was severe pain and evident fluctuation, with rigors and cold chills alternating with heats. By poultices the swelling pointed, broke, and discharged large quantities of puriform matter, and again healed. The last of November the patient complained of the same trouble; her strength was greatly diminished, and after the abscess discharged there was an exudation of serous fluid from the abovementioned spot, and upon examination it was found necessary to repeat the same applications. On the 10th of December, much moisture was felt by the patient on the left side of the abdomen. The former opening of the abscess had taken a fistulous character, and whatever aliment was received by the mouth was excreted in the same form and appearance, totally undigested, from the fistulous opening. The dejections were less copious and less frequent, but natural; urine scanty and natural in appearance. From the situation of the fistula it was supposed to pass into one of the small intestines, but from extreme weakness of the patient no examination could be made. Stimulant tonics were administered, and nutritious enemata were resorted to, to support her strength. As everything taken passed out of the orifice, I thought I would endeavor to produce adhesion; but believing that inflammation would ensue, that idea was abandoned. On the 24th, the patient died from exhaustion, having lived a fortnight solely upon injections; and on the 25th an examination was made.

Post-Mortem Examination.

Upon looking into the abdomen and following the course of the fistula, it was found to pass into the stomach, instead of the intestines as was supposed; therefore the opening had been the outlet for the food. The stomach was found to be smaller than natural, the coats thicker and corrugated. The organ was perforated in the cardiac region, almost opposite to the portion where the œsophagus enters. The adhesions from the parietes was most perfect, and the opening from the stomach was truly fistulous. There was also a firm adhesion of the liver to the stomach, for the distance of two inches.

Boston, Jan. 4, 1832.

MEDICAL JOURNAL.

BOSTON, JANUARY 10, 1832.

A NEW PREVENTIVE OF SMALLPOX.

The credit is certainly due to the French physiologists and practitioners, of leaving no subject untried which offers itself to the test of experiment. Among other curious notions advanced in their Journals, one of the latest is that chlorine is capable of rendering the system insusceptible of the contagion of smallpox. A Dr. Remy announces this discovery to the Academy of Sciences, which he says was made in the following manner. He had occasion about the same period to vaccinate sixty individuals, in five-sixths of whom he found, instead of the regular vaccine disease, that a pustular eruption manifested itself the next day, and on the third there existed a pustular scab. As some of these patients were subsequently attacked with smallpox, he re-vaccinated the greater part of them the following spring, and in this manner convinced himself fully that the first was a false vaccination. Of two or three hundred vaccinations performed at the second period, only two proved spurious. He now recollected that at the time when the first set of vaccinations was performed, he had in his pocket a quantity of the chloride of lime, and he did not hesitate to attribute to this cause his remarkable failure. Determined to pursue the idea thus furnished him, he in a period of epidemic variola selected twelve children susceptible of the contagion, and directed them to be washed with a solution of the chloride of lime twice a week, at the same time giving them one or two drops of the chloride of soda. Two experienced, at the end of a week, an eruption similar to the spurious vaccinia, with slight fever; the others were regularly washed for a month, and had no disease, although associating with variolous patients. The experiment was repeated with the same success on ten other children. Some others were treated in the same manner in the commencement or at the height of the eruption. In all these the inflammatory symptoms increased in intensity. He then had recourse to bloodletting, which was followed by profuse sweating, and the progress of the eruption appeared to be arrested. The pustules remained in the same state as at the period of the lotions, and dried very slowly. The last experiments were tried upon four individuals.

CHOLERA PROCEEDINGS IN ENGLAND.

In addition to the effects mentioned last week, of the reported cases of Cholera at Newcastle, Sir Henry Halford, President of the Board of Health, has issued the following note of advice to families.

Advice to families for the prevention and cure of this dreadful malady.

"It is important to point out the instant measures which may safely and beneficially be employed where medical aid cannot immediately be procured. All means tending to restore the circulation and maintain the warmth of the body should be had recourse to without delay. The patient should always immediately be put to bed, wrapped up in hot blankets, and warmth should be sustained by other external applications, such as repeated frictions with flannels and camphorated spirits; poultices of mustard and linseed (equal parts) to the stomach, particularly where pain and vomiting exist; similar poultices to the feet and legs, to restore their warmth. The returning heat of the body may be promoted by bags containing hot sand or bran applied to different parts of it. For the same purpose of restoring and sustaining the circulation, white wine whey, with spice, hot brandy and water, or sal volatile in a dose of a teaspoonful in hot water, frequently repeated, or from five to twenty drops of some of the essential oils, as peppermint, cloves, or cajeput, in a wine glass of water, may be administered; with the same view, where the stomach will bear it, warm broth with spice may be employed. In very severe cases, or where medical aid is difficult to be obtained, from 20 to 40 drops of laudanum may be given, in any of the warm drinks previously recommended. (Signed)

Henry Halford,
President of the Board."

"This treatment is within the means of every family; all that is required being that they should provide themselves with the following simple medicines:—A pint of spirits of wine and camphor; 1 or 2 lbs. mustard and linseed powder; 2 oz. sal volatile; 1 oz. essential oil of peppermint, cloves, or cajeput—all of which may be procured for a few shillings. It is seriously recommended that every person should be prepared with the prescribed remedies, so that nobody shall have to attribute to his want of caution the spread of a malady so terrible and overwhelming."

All these precautions of the public authorities in England, appear to us to be dictated by a sound judgment, and they must receive the sanction of every intelligent observer of mankind. By bringing the subject of their danger early before the people, they will be in a measure prepared to receive the disease among them, and to adopt every measure of prevention within their reach. The sudden presence of this disease in any town, before the inhabitants had been apprised of their danger, or had prepared their minds to meet it, could not fail to excite a general and fatal panic. By calling their attention early to their exposure, and impressing it forcibly on their minds, these public measures will, in a great degree, prevent such a panic, and thus disarm the malady of one of its most powerful weapons.

We had proceeded with some further remarks on this subject, when we received the London Medical

Gazette, in which is an editorial article, containing a view of the subject so very like that we had taken, that we are induced to offer the article entire.

"We entered (says that Journal) upon the consideration of cholera now some months ago with a decided impression, derived from the opinions of the Indian writers, that the disease was not contagious, and this sentiment has been indirectly hinted at in various preceding articles. No long time elapsed, however, ere we began to doubt the accuracy of this opinion, and latterly a farther acquaintance with the history of the disease, and a careful attention to its progress, and to the phenomena which it has displayed in Europe, have led us to abandon our preconceived notions, and to yield our conviction in favor of contagion. The grounds on which this inference has been founded, we shall detail in another number; but as we have no object but to discover the truth, and as our feelings are not interested on either side, so we have given, and shall continue to give, all the information which reaches us, whether it make for or against the opinions at which we have at length arrived; and we earnestly call upon those who have adopted opposite views to follow our example in this respect,—an adjuration which the ex-parte statements of certain recent writers have called forth, though various circumstances lead us to fear that it will be unavailing;—the end in view with some, apparently being, not to discover which is right, but to maintain their own side, be it right or wrong.

If cholera be contagious, then there are obvious means of excluding it; we do not say that these will prove effectual, but that the nature, end, and operation of the precautionary measures, are apparent. If, on the other hand, it be not contagious, then there is no human contrivance by which its introduction can be prevented, or even impeded. Now, admitting that the mode of its propagation may be matter of reasonable doubt, we would ask, which is the more dangerous error — to hold that it is not contagious, and it turn out in the sequel that it is so, or to hold that it is contagious, and it prove to be otherwise? There cannot be a shadow of doubt with regard to anything so palpable. It cannot for a moment be denied, even by the staunchest anti-contagionist, that the direct tendency of teaching the public that a disease is not contagious, is to make them disregard those precautions which they would otherwise take against it; and thus, if the doctrine of non-contagion be erroneous, to multiply an hundredfold the extent of the calamity. Let those, then, who ridicule the idea of contagion, beware, that the time do not come when the victims of their rashness shall denounce them as the deceivers that betrayed them into danger, and heap coals of fire upon their heads, by reminding the public of the exertions which they made to thwart the authorities in their reasonable endeavor to repel the invader, ere yet he had effected a landing on our shores.

To the quarantine now in operation we last week adverted, and we again recur, as affording the only hope which remains of excluding the disease from England; and if the regulations could be rendered as complete in practice as they are in theory, our hopes would be by no means faint. But with so extensive a coast to act upon, with so many temptations, and so many opportunities afforded by smuggling, of evading the sanitary precautions, we fear that much reliance is not to be placed on their efficiency. While, however, a chance of success remains, it behoves the press to cooperete with the government in carrying those measures into effect. True, they are injurious to trade, but what of that? the profits of the merchant must give place to the safety of the public: true, they are detrimental to the revenue; but surely it were better, if need be, to levy a tax upon the purses of liege subjects than upon their lives. Besides, the period of doubt cannot last long. If the disease come, why then farewell to farther quarantine, at least by sea: if it be kept out, then the measureless benefit of its exclusion will reconcile the most prejudiced and discontented to the temporary inconvenience.

Regarding the progressive approach of cholera to the west of Europe as rendering it extremely probable that this country will be subjected to its visitation, we are gratified to find that the inhabitants are preparing themselves in earnest for its reception. Local Boards and Committees are everywhere being formed; the work of precaution is in progress, and a general purification has begun. That it is so, is to be attributed to the recent manifesto issued by the Board of Health, and circulated by the government in every town and village throughout the land. Oh, for the consistency of certain among our contemporaries, who doubtless, if their modesty permitted, could easily tell us in whose hands the care of the public safety might have been much better placed than where it is! First they raised a cry against the Board of Health, because they did too little, and in this perhaps there was some show of justice; now the complaint is, that they have done too much. Their first directions were too general, their last are too particular; their first announcement was not sufficiently impressive to arrest attention, their last is calculated "to fright the isle from its propriety." True, the document circulated by the Privy Council is of a nature to excite alarm; but was it not high time that the people should be roused to a sense of their danger? Would it have been kinder and more benevolent to have let them sit with their hands before them till the enemy was upon them, rather than warn them to be prepared that they might repel the aggressor? Would these whining deprecators of the measures demanded by common prudence—would they have us, like the ostrich of the desert, run our heads into the bush, and shut our eyes against the pursuer till we become his prey?

In such a case as this, and with a people wrapt up in the busy pursuits of life, an appeal to their fears was the only method by which they could be roused from their habitual indifference; and we rejoice to find that it has not been made in vain. The tone of mild precaution was disregarded; but the more vivid picture of approaching danger has arrested attention, and the whole coast is on the *qui vive*. It is true, that more of apprehension mixes in the exertions at present making than may possibly be warranted; but those who have paid any attention to the workings of the public mind, must have observed how soon it becomes habituated to existing circumstances, and resumes its composure under events which at first were viewed with dread. It is incomparably better that the people should look the evil in the face—the worst of the panic will be over before the disease actually comes, and its presence will not create an hundredth part of the consternation it would otherwise have done.

Entertaining these sentiments, we earnestly call upon our readers to co-operate, to the utmost of their power, with the local authorities in carrying into effect the recommendations published by order of the Privy Council. It is very true that some of the suggestions for the isolation of the sick appear to us of doubtful expediency; but all the preliminary measures have our fullest concurrence, and the more completely they are carried into effect, the less hazard there is of the ulterior precautions ever being required. Every man may do something towards improving ventilation, enjoining cleanliness, and urging the benefits of temperance. A desire* to avoid susceptibility of the disease is one of the strongest motives by which to influence men's minds; already, indeed, has this salutary principle begun the work of reformation; and it is engendering habits of regularity, which the unaided precepts of prudence or morality have never succeeded in effecting. In France they have too much sense to keep the people in ignorance, lest they should be frightened; and it is ordered, that every house in Paris be visited by persons competent to judge of its condition as to ventilation, sewers, and other circumstances of a similar nature, so that not a family in that great metropolis but have the probable approach of the disease forced upon their attention; and we anticipate as the result, that all which human sagacity can devise will be put in operation to prepare for its reception. Why should it not be the same with us?—why are not the civil authorities enjoined to enforce the necessary precautions? Let us be prepared, if the disease should unhappily reach us, to meet the emergency with calm and well-directed efforts; and above all, let us not be betrayed into a false security by those who make light of a disease in which they have no experience. Those who talk the boldest while the enemy is not within sight, are generally the first to play the craven when he comes. Are they who exclaim that the alarm is false, aware that it is ascertained that not fewer than a hundred thousand persons have been cut off in Hungary, and eighty thousand in Galatia, where the principles of non-contagion have prevailed, and where the people have waited for the disease in passive inactivity? Should the confident predictions with which the press has been teeming, that the disease will either not come, or come robbed of its terrors, prove fallacious, we should then have to encounter the most fearful of all calamities in such a case—that of a sudden and general panic, by which the energies of the public mind would be paralyzed at the very moment when coolness and self-possession would be most required."

Since the above was put to press London papers have been received up to Nov. 16th. They confirm the intelligence of the existence of the cholera at Sunderland; and the particulars of one case are detailed, which leave no doubt of the nature of the disease. From four to six cases a day occurred at Sunderland, and government had forbidden all vessels to enter or leave the port.

A letter from Sunderland, dated on the 9th of November, states, that "matters have been considerably exaggerated;" and adds, that there have been in all but thirty cases, of which eighteen had proved fatal.

The particulars stated in the newspapers respecting the mode in which this disease was introduced into England, have so important a bearing on the much-agitated question of its contagious character, that they will doubtless be thoroughly investigated by some medical authority, and the true state of the case made known to the profession. We shall be the first to announce the result of such inquiry to our readers.

In consequence of the existence of this disease in England, the French Board of Health had ordered the port of Calais and others to be closed against all trading vessels coming from Scotland or the north of England as far as Yarmouth, and the London and Dover Packets were also required to produce a bill of health from the magistrates or the French consul at the port whence they sailed.

SKETCHES OF THE HISTORY OF MEDICINE.

The Gymnasia.—The Gymnasia, or schools for physical education among the Greeks, likewise deserve mention in a history of medicine. These not only exercised a great influence on the general character of the nation, but also constituted a field for the exercise of popular medicine. The philosophers delivered lectures in these schools, and imparted information freely to all who consulted them. There was also a body of persons immediately connected with the gymnasia, who from this circumstance acquired considerable skill in the practice of medicine. These were the directors, called gymnasiarchs, who regulated the regimen of young persons educated in the gymnasia; the gymnasts, or sub-directors, who treated the diseases which were presented; and the attendants on the baths, the aliptæ, who performed bleeding, gave lavements, and dressed wounds, ulcers, and fractures.

Among the gymnasiarchs, one of the most celebrated was Herodicus, who lived at Athens a short time previous to the Peloponnesian war. He united in himself the three characters of sophist, gymnasiarch, and physician; and was equally eminent in all. His own health being feeble, he had recourse to gymnastic exercises for its restoration; and, having perfectly succeeded, communicated his method to others. He carried his recommendation of exercise to an immoderate length, and some of his directions were absolutely extravagant. He recommended, for instance, to his patients, to run over the hundred and eighty furlongs which separate Athens from Megara, and to return immediately on reaching the walls of the latter city. These violent efforts, and the severe frictions to which he subjected them, were often attended with serious consequences, and, according to Plato, sometimes proved fatal.

At the period of the Peloponnesian war, the sciences were undervalued in many of the states of Greece, and medicine shared this neglect with the rest. The Lacedemonians despised the arts, and even banished those who practised them, lest they should corrupt the stern and austere character of the people. When they had any occasion for medical assistance, they applied to the theurgic practitioners of the neighboring countries, who endeavored to remove the evil by incantations and charms. Many of the Grecian nations entertained the idea that the descendants of the ancient Curetes possessed supernatural powers, in virtue of which they were enabled to cure every variety of disease. Thus about the forty-sixth Olympiad, the Athenians being tormented by a plague, sent to Gnossus, in the island of Crete, for Epamenides, who passed for a real Curete. The most remarkable incident recorded of this individual, was a long sleep, which, according to some, lasted more than fifty years. Some authors explain this story by supposing that he employed the time in visiting foreign countries, and that in the course of his travels he made himself acquainted with the virtues of plants. The fable however appears to have been propagated by himself, and believed by his cotemporaries.

He employed charms to stop the plague at Athens, and also had recourse to the following expedient. Having driven from the Areopagus some black and some white sheep, he left them to follow their own impulse, and when they stopped he sacrificed them on the spot. This sacrifice suspended the progress of the epidemic. The Athenians, in testimony of their gratitude, offered him a talent; but he refused it, and consented only to accept a branch of olive sacred to Minerva. He afterwards taught Solon legislation and magic. At his departure, the Athenians erected to him a statue.

The Spartans also sent for Epamenides on a similar occasion; but as he predicted to them only misfortune, they in revenge condemned him to death. Repenting, however, of this sacrilege, they constructed for him a splendid mausoleum. He left several works; among them a genealogy of the gods, and a treatise on oracles.

SINGULAR EFFECT OF THE USE OF TARTAR EMETIC.

A FACT is mentioned, in the account of a late meeting of the Anatomical Society of Paris, singular enough to deserve notice. In two persons, who had been treated with tartar emetic in large doses, there were found in the alimentary canal pustules similar to those which the ointment produces upon the skin. They occupied a large extent of surface, but there was found no other symptom of inflammation. The stomach was healthy.

" *An old lady who has had severul children advised to it.*"—A female, twenty-four years of age, was liable to dyspeptic symptoms and obstinate constipation, on account of which she had been for a few days under the care of the relater, and with considerable advantage. One day the patient's mother proposed that a tobacco clyster should be administered, which Dr. Grahl peremptorily prohibited. Nevertheless, on the following day she took the advice of a female quack of her acquaintance, who recommended a clyster made with an ounce or an ounce and a half of tobacco, boiled for fifteen minutes in a sufficient quantity of water. In two minutes after it was administered, the patient was seized with vomiting, violent convulsions, and stertorous breathing, which gradually became weaker and weaker till she died, three quarters of an hour after the clyster was administered.

Larrey's Method of treating Compound Fractures.—Baron Larrey treats compound fractures of the leg in the following manner, and, as he states, with very successful results; although, from its not being more generally adopted, it may be inferred that the practice is not so successful in the hands of others. A junk is made with a piece of strong linen, and of pieces of straw bound firmly together, as in the London hospitals; on this are placed transversely three broad pieces of bandage; the limb is then placed on the junk, the foot resting on the heel; the Baron then covers the wound with a piece of rag, with holes cut in it, *(linge perforé,)* to allow the escape of any matter, which is absorbed by a quantity of charpie placed over the rag. A compress, wetted with a lotion composed of the white of three eggs, oi. camphorated spirit, and oij. lotionis plumbi, is then put over the whole; the transverse bandage, wetted with the lotion, is bound firmly round the limb, the straw splints are approximated and tied with tape, as in a common junk. The limb is then left to itself, and the apparatus never removed or opened, on any account, till the expiration of sixty days, when the cure will be found to be effected.

Protection against Cholera.—It is to be hoped the guardians of public health on this side the Atlantic will be awake to the importance of some measures of protection against the cholera now in England, which shall embrace the whole line of our extensive sea coast. It is a matter not only for local boards of health, but for the Congress of the United States, to legislate on; and we are happy to find that an example has been set, by a sister city, worthy of general imitation. The Board of Health of New York has unanimously adopted a memorial to be sent to Congress, recommending the Government to send experienced persons to England to collect information on the subject of this epidemic, and that, in the mean time, general laws should be passed to protect our citizens from its approach to this country.

Whole number of deaths in Boston for the week ending Dec. 30, 46. Males, 21—Females, 25. Stillborn, 3.

Of dropsy on the brain, 2—influenza, 5—lung fever, 7—scirrhous breast, 1—worms, 1—consumption, 4—abscess in the side, 1—croup, 2—drowned, 1—typhous fever, 1—hooping cough, 5—smallpox, 1—pleurisy, 1—infantile, 1—scarlet fever, 3—inflammation on the lungs, 1—old age, 2—throat distemper, 2—burn, 1—intemperance, 1—unknown, 3.

ADVERTISEMENTS.

MEDICAL SCHOOL OF MAINE.

THE MEDICAL LECTURES at BOWDOIN COLLEGE will commence on MONDAY, the twentieth day of February, 1832.

Theory and Practice of Physic, by JOHN DELAMATER, M.D.
Anatomy and Surgery, by REUBEN D. MUSSEY, M.D., Professor at Dartmouth College.
Obstetrics, by JAMES MCKEEN, M.D.
Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The ANATOMICAL CABINET is extensive, and constantly increasing.

The LIBRARY, already one of the most valuable medical libraries in the United States, is every year enriched by New Works, both foreign and domestic.

Every person, becoming a member of this Institution, is required to present satisfactory evidence that he possesses a good moral character.

The amount of fees for admission to all the Lectures, is $ 50. Graduating fee, including diploma, $ 10. There is no Matriculating nor Library fee. The Lectures continue 3 months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Boarding may be obtained in the Commons Hall at a very reasonable price.

P. CLEAVELAND, *Secretary.*

Brunswick, October 29, 1831. Dec. 1. eop4t.

TREATISE ON PUERPERAL PERITONITIS. BY A. C. BAUDELOCQUE, M.D. H.H., to which was awarded the prize by the Royal Society of Medicine of Bordeaux. Translated from the French by G. S. BEDFORD, M.D. Just received by CARTER & HENDEE. Dec. 10.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

VOL. V.] TUESDAY, JANUARY 17, 1832. [No. 23.

I.

ON THE PROLAPSUS ANI IN GROWN PERSONS.*

THIS, as Mr. Fletcher well remarks, is a disease on which less has been written than might have been written, and much less is known than ought to be known. To supply the former deficiency, and the latter desideratum, is the object of his chapter on the subject. We need scarcely inform our readers that Mr. Hey and Mr. Copland have severally proposed and performed operations for the prolapsus ani. That of the former consisted in the removal, by a circular incision, of the pendulous flap and other protuberances surrounding the anus; that of the latter, in pinching up a fold of the lining membrane of the rectum within the gut, and tying a ligature around it sufficiently tight to procure its sloughing. From this procedure there is a risk of inflammation of the gut, independent of which Mr. Fletcher understands that the return of the complaint after its performance is a frequent occurrence. The external, or Mr. Hey's operation, is occasionally, but very rarely, followed by hæmorrhage. In fifty cases Mr. Fletcher has seen this occur once.

"Mr. Hey, and others too, who operated exactly after his manner, had occasionally inflammatory symptoms succeed the operation. This must have been the effect of cutting away without scruple, and often deeply and roughly, the little blue tumors at the verge of the anus, many of which were formed by the extremity of the anus itself. There is no occasion for this to be done; the gut ought not to be unnecessarily cut, and in this point Mr. Hey's operation may be improved. A deliberate dissection will always be capable of separating the loose skin which you require for excision, from the bowel itself, which should be tenderly and carefully returned. Out of the fifty cases in which I have operated, I have not seen one where the operation was followed by inflammatory symptoms, nor (with one exception) where it did not succeed in entirely curing the prolapsus."

To illustrate his opinions and exemplify his practice, Mr. Fletcher relates the particulars of eight cases. We will select the most important.

CASE 1.—*Prolapsus Ani in its simplest form.* "A gentleman, about fifty years of age, when taking exercise in walking, would have the bowel descend to the extent of two or three inches beyond the verge of the anus, and also after a stool.

---

* Medico-Chirurgical Illustrations, &c.

Some bleeding would then take place from its surface, the effects of the squeezing of the sphincters. The pain on these occasions was so intolerably severe, as to oblige him, even in the field, to lie down instantly upon his back, and reduce the protrusion, which he could always effect, by gentle pressure. The repetition of his sufferings in this way, for years, at last led him to his surgeon. By straining, as at stool, at my request, the gut was brought into view, in folds, forming a tumor about the size of a small lemon, surrounded at its base by several loose projections of purple-looking integuments, which the gut, in its descent, had brought more completely into view than it could have been before such descent took place. He was now in dreadful pain; the bowel was of a dark red, or purple tone of color, from the pressure of the surrounding sphincter. From this circumstance, together with the fact that the bowel never descended on rising out of bed in the morning, and only after much straining at the water-closet, or in walking exercise, I suspected that this muscle was still strong, but not sufficiently so to prevent the gut passing through it.

On reducing the prolapsed part, this was found to be the case. The sphincter, irritated by the protruded part, which had just re-ascended, still acted sharply upon my fingers, now engaged in an examination of the interior of the gut."

An operation was proposed and assented to. The patient leaned with his belly over the edge of a high table. The gut was now brought down by straining, with the folds of loose skin more apparent. It was replaced sufficiently to keep it clear of the knife, and a full sized rectum-bougie passed a little way into its canal, but not so far as to carry back the folds of loose skin at all out of the view of the operator. The bougie of a full size is useful on this occasion, for as the patient should have to bear down, to bring the whole of the loose skin outside the anus, the gut would descend at the same moment, were it not for the instrument. I selected five of these portions of integument, passing a thread through each, and drawing these in succession with some force along the bougie which kept the gut back, they were excised very close to the plane of the surrounding parts. The wound was well washed with cold water, the gut completely restored to its natural position, and an appropriate compress and bandage applied to support it there, as the tendency to its descent is always increased by the operation, until the excisions are contracted and healed. A pupil was left in attendance, to see that there was no hæmorrhage, to which this operation is rather liable, and of which nearly a fatal example will be found in a succeeding case. In the evening the patient complained of violent pain. On examination, the gut had descended in his attempt to pass air. The pain was doubtless the effect of the pressure of the sphincter. The gut was replaced with a globular compress fixed over the site of the anus, with an injunction to the patient to restrain his inclination to pass wind.

The contraction of the anus in this case was so great during cicatrization, as to occasion inconvenience in the passage of the stools. This was remedied by a bougie, and for several years the patient has been entirely cured. It is better in these cases to open the bowels on the day preceding the operation, and to give no solid food on that day.

CASE 2. *Prolapsus Ani—Power of the Sphincter extinct—Nearly fatal Bleeding from the Operation.* A lady consulted our author for a prolapsus of the bowels of immense size; it was almost constantly down, and would descend on her standing, even for a moment. The lady was old, and relaxed; the sphincter exceedingly lax. She had indulged greatly in purgative medicines. There was very little loose integument about the verge of the anus, but an operation was desired and therefore performed. Considerable portions of slightly projecting skin were raised from the inner margin of the anus, and a wound nearly surrounding it was left. A compress and bandage were applied, and for some time a gentleman sat with the patient. About three hours after the operation Mr. Fletcher was summoned, and found her almost in articulo mortis, from profuse hæmorrhage. Brandy, hot bottles, &c. were in requisition, the patient rallied, a small vessel was discovered bleeding on the right side of the anus, it was secured, and she recovered. After the healing of the wounds, the bowel descended to the extent, perhaps, of one-fifth of its former size, when the patient was at the water-closet. With the aid of a spring truss, with a spherical pad, the prolapsus was afterwards tolerably manageable.

CASE 3. *Prolapsus Ani, with extensive Adhesion to the surrounding Skin—Operation successful.*

Mrs. ——, æt. 44, had had prolapsus ani irreducible for four years. The bowel was in concentric folds, and was adherent in several points to the skin, whilst the sphincter was exceedingly relaxed. "After clearing the bowels well on the previous day, and permitting the patient to take slops only of gruel and milk, I proceeded to the operation, endeavoring first to remove the gut out of the way, by reducing it, and then restraining its descent by the introduction of a large bougie, whilst I dissected the skin freely away, by the side of the instrument, from the anus and bowel. But still the gut would descend, or was pulled down by the adhesions by the side of the bougie in places, and I therefore ultimately had the intestine held aside by the assistant, whilst those adhesions were separated, and all the loose skin freely removed, which was pulled out forcibly from the anus with a tenaculum. It was curious to see, as soon as the incisions were completed, the muscular coat of the intestine, together with the relaxed sphincter, begin to act vigorously, and carry the gut into its proper place, and retain it there with ease, whilst all my attempts to accomplish this with my own fingers were unavailing. The stimulus of pain, coupled with the liberation of the adhesions, was probably the source of this renovated vigor.

When it is desirable to make the adhesive process as firm and as contracted as possible, I am in the habit of laying pieces of sponge upon the anus, and filling the hollow of the buttock with it, so that considerable pressure is made upon the part, which is already contracted or tucked up: the muscular action is assisted in retaining that tucked up character by the external pressure."

The lady was kept in the recumbent posture, and recovered with the anus as smooth as ever, though the aperture required, from its small size, occasional enlargement with a candle.

CASE 4. Is that of an elderly maiden lady who had a tumor about the size of a double walnut, which proved to be the lowest portion of the bowel adherent to a portion of loose skin just within the anus. The operation consisted in separating, by dissection, the fold of skin from the intestine, to an extent sufficient to ensure union to the sphincter. The operation prevented any further descent, and the remains of the tumor disappeared by absorption within the gut. The next case was one of old prolapsus ani, with a cartilaginous tumor, about the size of a large garden bean, hanging by a long pedicle from deep within the verge of the anus. Mr. F. cut away the small tumor at the farthest end of its pedicle, and then, introducing a bougie into the rectum, operated for the prolapsus in the manner already noticed. On her discharge from the hospital there was a very slight appearance of the gut when she strained on the side of the anus, where a bit of loose skin had been left.

The preceding cases were given with the view of showing the necessity of ascertaining, as far as possible, the causes of prolapsus ani, before attempting its radical cure by operation. In order to ascertain whether a stricture exists in the rectum, Mr. F. recommends that a bougie, previously softened in warm water and adapted to the curves of the gut, should be passed its whole length. A stricture is capable of occasioning prolapsus ani, by the great efforts which it causes the patient to make. With respect to Mr. Fletcher's recommendation respecting the use of the bougie, we cannot forbear remarking, first, that it is contrary to the advice of some of our best surgeons; secondly, that if followed by inexperienced persons, it might be productive, as undoubtedly it has been, of disastrous consequences. Ordinary stricture of the rectum is seated at no great distance from the anus; the stricture at or about the sigmoid flexure of the colon is hardly amenable to the bougie without a considerable degree of risk. But this by the way.

CASE 6. *Prolapsus Ani, conjoined with Stricture of the Rectum.*

Miss ——, æt. 25, consulted our author for piles, from which she said she had suffered for nine or ten years. She was emaciated, and very nervous. She said that something would come down after every evacuation, but would return after she had lain on the bed for an hour or two, when burning pain occurred, and continued about the anus and lower part of the back. On attempting to walk the bowel descended, the stools were passed with great difficulty, and were remarkably small. On examination a very large prolapsus of the lower extremity took place when the patient strained. On replacing the prolapsus and introducing the finger, a stricture was found at about an inch and a half from the anus, and the gut was found contracted, exquisitely tender, and thickened, as far as the finger could reach. She had been subject to difficulty in passing her motions, and burning pains, for many years—to prolapsus for three years.

Under these circumstances our author imagined that the prolapsus was the consequence of the stricture, and gave a cautious prognosis. The bougie was carefully employed for four months, at the end of which time a full sized one could be passed nearly 11 inches. The operation for prolapsus ani was then performed, succeeded well, and the patient is now a fine healthy young woman.

"The foregoing is a very serious example of the folly and mischief arising out of the practice of prescribing for *supposed* complaints, the product of the patient's own judgment or imagination, the real nature of which might have been readily discovered by a proper examination of the parts concerned. No examination was ever made, in this case, until the lady came under my observation ; and even then she said her malady was piles ; and they all say so. All the various affections of the anus are so called by the patients. But the medical man ought not to copy the errors of his patient, to believe without evidence or conviction, which will assuredly lead him to prescribe for diseases which exist only in their conjoint imaginations.

Here was a young lady who lost many of the best years of her life, and what was worse, spent them in wretched suffering, or in swallowing loads of useless medicine ; nay, further, who was carried into the very jaws of death, by one complaint of a very trifling nature being mistaken for another of the highest importance to comfort, and to life itself.

Had an early examination of the parts concerned been carried into effect, the true affection would have been quickly revealed, and the sad miseries she subsequently endured, wholly prevented.

When a discovery of the real malady was at length made, she was cured, without any medicine, in fewer months than years had been previously occupied in pursuing a wrong course.

This case then will furnish another valuable lesson, which indeed may daily be taught, if we would learn it, viz.—never to prescribe for affections of the anus, without a proper visual and manual inquiry into their real character."

In the next case a lady was operated on for prolapsus ani by the ligature. The procidentia was benefited, but she suffered, and, anterior to the operation, had suffered from costiveness, pains in the loins, &c. On examination, Mr. Fletcher found a stricture of the rectum at the distance of five inches from the anus. After a time a bougie was got through the stricture, and a recovery is anticipated by Mr. F.

CASE 8. *Prolapsus from Stricture—Temporary Cure from Operation—Fistula Ani.*

A lady, æt. 50, the mother of many children, had undergone excision for prolapsus ani with temporary benefit. Soon, however, a difficulty of voiding her stools, which had previously existed, was increased, with a deceptive feeling of protrusion. Then an abscess formed by the side of the rectum, and the gut was found to descend occasionally within the painful gripe of the sphincter, but never to pass through it. There were also some symptoms of stricture. The abscess was laid open into the gut, and some portions of loose skin were removed. Before the wound was healed, a stricture was discovered at four inches and a half from the anus. Though a bougie of moderate size is passed three times a week the stricture is not wholly removed. No recurrence of the procidentia has hitherto taken place.

Our author concludes by the mention of another case in which there is prolapsus combined with stricture at five inches from the anus ; no bougie can be got through it. With the following brief observations we conclude.

"In my own practice the prolapsus ani has occurred much more frequently in females than in males, in the proportion of seven to one; a fact that may probably be accounted for on the ground of their relaxed texture, and indulgence in physic, which must ever weaken and relax the parts concerned in this very distressing and disgusting complaint."

"Writers on stricture of the rectum may have mentioned prolapsus as an occasional effect of it. But I do not remember any writer on the prolapsus ani itself who has considered stricture as one of its causes, and thence derived a rule to examine the whole extent of the bowel, previous to any operation for the cure of the first affection.

Perhaps none of the minor operations of surgery require more tact and experience than this examination of the whole course of the rectum with the bougie. The natural obstructions in the canal are many, and may be still more numerous from disease and other circumstances; and such difficulties can only be met successfully by a knowledge of the anatomy, natural and morbid. The angles made by the bowel itself, the projection of the sacrum, an enlarged or retroverted uterus, or prostate gland, a spasmodic stricture, or hardened fæces, are all to be taken into consideration, and well remembered by the surgeon, otherwise he may take some of these obstructions to the passage of the bougie for a stricture, when, in reality, no such affection exists. The character of the bougie itself may increase the difficulties.

If it be too small, or too soft, these natural obstructions to its route will turn back the point, and leave it curved in the bowel, thus confirming the original error."

We think the cases worthy of the attention of practical surgeons.

II.

EFFECTS OF CERTAIN SUBSTANCES WHEN APPLIED TO THE BRAIN.

M. Flourens read to the Royal Institute, Feb. 7, an account of some experiments lately performed with a view to learn what would be the effects of certain medicines applied directly to the surface of the brain. Our readers are acquainted with his experiments upon the ablation, as he calls it, of successive portions of the brain. 1. Having exposed the cerebral lobes in a rabbit, by removing the cranium and dura mater, M. Flourens applied some oil of turpentine to them. At first no effect was produced upon the animal; it continued to move about as usual. After some time, the turpentine, which was frequently applied, began to act, and the animal became agitated; it next appeared to be in a fixed and immovable attitude. After a still farther lapse of time, these phenomena became much more considerable. Sometimes the animal darted forward, at others it would turn round with extreme rapidity, and then become completely motionless; it had grinding of the teeth; its head trembled, and it often cried out; it might have been said to labor under a paroxysm of furious mania. While at rest, or motionless, the animal both saw and heard, but when in its frenzied fit, it neither saw nor heard, and would strike against anything in its way, while darting forwards or turning round as above mentioned. It is evident that these phenomena are attributable to the increased influence of the cerebral lobes upon the rest of the economy.

2. Having exposed the cerebellum of a rabbit, M. Flourens applied some oil of turpentine to it. The animal not long afterwards began to run and jump about with great agility, alternating these exertions with intervals of repose; the mobility became more and more frequent in consequence of reiterated applications of the oil of turpentine. The animal could see and hear, and was in possession of all its faculties.—3. Laudanum was applied to the cerebral lobes of a rabbit, and, as in the former instance, the application was repeated, at first, until the effects of the medicine appeared, and afterwards until those effects reached their highest degree of intensity. The animal now became so motionless, that neither pricking it, nor any other means resorted to, could induce it to change its attitude in the least; it had grinding of the teeth, and the whole body was agitated. Its head and the fore parts of the body were frequently bent backwards so much as to make it turn over on its back, when it would soon get up and keep perfectly motionless until another fit of agitation came on to cause it to repeat these motions. 4. The application of laudanum to the cerebellum of another rabbit, occasioned it to walk with extreme difficulty; it never ran; while walking, it dragged itself along as if lying on its belly. 5. The difference in the action excited by turpentine and laudanum was therefore complete; the turpentine increased the locomotive powers, while the laudanum produced a great torpor in them. When applied to the cerebrum, the turpentine occasioned the animal to dart forwards with rapidity, while the laudanum caused it to be retracted, and bent backwards so as to make it tumble over on its back. 6. M. Flourens applied laudanum to the cerebral lobes of a rabbit, and when the retraction and *immobility* were at their height, he substituted oil of turpentine for laudanum. In a short time afterwards the immobility was not so complete, the animal took a few steps and then began to run; and although the immobility returned from time to time, the oil of turpentine evidently modified the action of the opium, and to a certain degree inverted the phenomena. 7. The effect of alcohol applied to the cerebrum and cerebellum was similar to, but less intense, than that of spirit of turpentine.

As in M. F.'s former experiments upon ablation of successive portions of the brain, and the introduction of certain substances into the digestive organs, he found that the functions could be abolished or excited at pleasure; so the same results were obtained in these new experiments. Sometimes the function is excited, sometimes diminished. Thus, opium applied to the cerebral lobes abolishes their influence upon the rest of the economy, in the same way as gradual ablation of them is found to do, while turpentine, on the contrary, increases this influence.

These results, it is thought, may be advantageously applied to the management of cases of disordered mind, when it may be needful to augment or lessen the influence of the brain upon the economy.—*Rev. Med. March* 1831.

III.

CHRONIC ABSCESS OF THE CHEEK, FROM THE IRRITATION OF A CARIOUS TOOTH.

The swelling from this cause, which often simulates a distinct tumor, is of a pale and purplish tint, little elevated, giving something of the appearance of a strumous abscess, though it feels firmer, and the skin looks thicker. Mr. Fletcher has known this swelling cut out from the cheek as a tumor otherwise irremovable ; he has also known it opened, treated with caustic, and in fact in all sorts of ways but the right. On removing the carious tooth, with its fang or fangs, the cause of the disease, the tumor gradually disappears without further treatment. On opening the tumor we find a small quantity of unhealthy pus, mixed sometimes with a slight fungous growth, and the fangs of the tooth will have attached to them a small fungous growth of similar character. Mr. F. has never seen this chronic tumor opposite to any other teeth than the first molares of the lower jaw. The history of the disease appears to be this. The carious fang excites some inflammation in the socket, which generally suppurates, when the pressure of the matter induces the ulcerative process outwardly, for its escape. During this process the contiguous portion of the cheek sympathises slowly with the irritation, inflames, and gives rise to the chronic abscess in question. The effect on the cheek may take place from the irritation of the diseased tooth, before the inflammation in the socket has advanced to suppuration ; or this last may not even happen at all.*

IV.

M. LARREY'S MODE OF TAPPING THE PERICARDIUM.

In hydro-pericarditis, when it is deemed advisable to tap the pericardium, M. Larrey selects the point between the base of the xiphoid cartilage on the left side, and the united extremities of the seventh and eighth ribs on the same side. In this triangular space we may boldly make an incision, extending from the junction of the cartilage of the seventh rib with the sternum, along its inferior border, to the extremity of the cartilage of the eighth, which is closely united to the seventh. In this incision some of the fibres of the rectus and external oblique and cellular tissue are divided, when the knife comes down upon the projecting surface of the pericardium, traversing the triangular space between the two first indigitations of the diaphragm. The point of the knife must then be carefully directed a little upwards and from right to left, in order to open the pericardium without wounding the peritoneum. A small portion of the anterior edge of the diaphragm, at the point of its attachment to the posterior border of the cartilage of the seventh rib, is slightly wounded, but no vessel of any consequence is injured. The heart is less likely to be cut in opening the pericardium in this situation than in any other, because the fluid will naturally collect most at the most dependent part of the bag containing it. M. Larrey, it appears, has not performed the operation, in this situation, on the living body ; it is accomplished with great facility on the dead.*

---

* Mr. Fletcher's Medico-Chirurgical Illustrations.

* Clinique Chirurgicale, Tome II. p. 303.

MEDICAL JOURNAL.

BOSTON, JANUARY 17, 1832.

VARIOLOID AT AMHERST.

It is not a little remarkable with what uniformity facts that are reported from time to time, tend to confirm the opinion expressed some years ago in this Journal, that the occurrence of modified smallpox after vaccination is generally owing, not to imperfect vaccination, but to the peculiar state and susceptibilities of the system after the vaccine disease had pursued its course fairly and freely. There are doubtless cases in which the operation of vaccinating is badly performed, and the protection rendered thereby imperfect; but the number of cases now on record, after the most accurate and uninterrupted course and conveyance of the cowpox, is amply sufficient to establish the fact that a single vaccination is not enough to destroy the whole predisposition to variola, in persons in whom this predisposition is naturally great. Neither in such persons is a single course of the smallpox, naturally imbibed, sufficient to ensure entire protection against its influence in times to come. Among the latest cases illustrative of these facts, we would allude to those recently noticed at the Mount Pleasant Institution. Some boys who were wholly unprotected had the smallpox. One who had been vaccinated, on exposure to the same cause of disease, had the varioloid; and another who had had the smallpox, on the same exposure, now took the varioloid. Nothing can be more absurd than the pretence that this last boy had previously had the smallpox *imperfectly*, and therefore was visited by this second attack; and if one person can have the varioloid after having gone through smallpox, why may not another have it after having gone through cowpox? In both cases the explanation is clear; — after having labored under their first disease, a remnant of susceptibility still remained in the system, and thus left them subject to slight disease when subsequently exposed to the variolous infection.

A second attack of the smallpox almost always destroys this remaining predisposition. We have heard of no case, and presume there have occurred but few, in which the same person has been visited by a third attack; and we can see no reason why, by subjecting a person a second time to the cowpox, the number of those who would afterwards suffer, on exposure to variolous infection, would not be reduced to the same proportion.

We are happy to hear that the disease at Amherst is at an end.

SKETCHES OF THE HISTORY OF MEDICINE.

Hippocrates.—The family of Hippocrates may with propriety be regarded as having laid the foundation of a just and rational practice in disease. There were no less than seven individuals belonging to this family who were distinguished as physicians. The most celebrated was son of Heraclides and Phenarite, and is to be considered as the great reformer of medicine; but there is no doubt that the works now published as his were many of them written by the other individuals who bore the same name. The incidents of his life which are well authenticated are not numerous. He appears to have improved himself by travel, passing a considerable time in Thrace, and likewise visiting the Scythians, of whose manners and mode of living he has given an ample account. He is said to have delivered the Athenians from a plague, but whether the same as that recounted by Thucydides cannot be ascertained with certainty. He is also said to have practised the art of medicine in Athens. An anecdote related of him, on apparently good authority, is, that being called to the court of Artaxerxes Longimanus, he refused to go, alleging that his services were due to his own fellow-citizens; and that when the ambassador represented to him that Artaxerxes was a good prince, he replied, like a free man, "that he had no need of a good master." One of the most remarkable passages in his life is his interview with Democritus of Abdera, who was supposed to be insane, and to be in urgent need of medical aid, but whom Hippocrates, after diligently examining his case, pronounced not only to be sane, but the wisest of men; and refusing the ten talents which were offered him for his opinion, thanked the Abderites for having procured him the acquaintance of so great a man.—Hippocrates passed the last year of his life in Thessaly, and died at Larissa.

There is scarce any work of antiquity which has come down to us in a more corrupt state than the writings of Hippocrates. It is matter of great doubt among the learned what portion of the collection we possess was written by the most celebrated individual of the name, how much was added by others of the same family, and how much is due to later writers. It is certain that Hippocrates did not leave a large proportion of his writings in the form of regular treatises. A considerable portion consisted of concise notes or detached observations, written on wax or parchment, many of them intended merely for private use, and never designed at all to be published. His two sons, Thassalus and Draco, and his son-in-law Polybius, gave them to the world under the sanction of his name, with such alterations and additions as suited them, or as they thought necessary to establish a connection and render the whole clear and evident. Another circumstance which led to the corruption of these works was the anxiety of the Ptolemies, kings of Egypt, to found an extensive library, an object which, like other bibliomaniacs, they pursued with more zeal than discretion; and laid themselves open to impositions of various kinds. Enough were found who were ready to offer the works of others of the name as the writings of the true Hippocrates; to make additions for the sake of enhancing the price; and even to pass off as his, works prepared for this express purpose, and which were sure to meet with a ready reception. In this manner Mnemon of Pamphilia carried several of the works of Hippocrates to Alexandria, and there sold them, having made such additions of his own as he judged expedient. But the greatest mutilators of the text of Hippocrates were two Greek physicians, Artemidorus and Dioscorides, who flourished under the reign of Adrian. These, not content with altering the expressions and replacing the ancient words by others more modern, expunged and interpolated whole passages to make the sentiments conform to their own opinions. From all these causes the writings of Hippocrates have become exceedingly corrupt, and at the present day it is impossible to distinguish the true from the false. The difficulty was very considerable in the time of his celebrated commentator Galen; who, however, as he possessed some very ancient copies, had greatly the advantage of the moderns in this respect. In forming his judgment among different copies, he gave the preference to the most ancient, considering the later as written by individuals having their peculiar doctrines to maintain, and willing to make the text conform to them. As, however, he was himself somewhat infected with the spirit of theorizing, his authority is not altogether unquestionable. All the authors subsequent to Galen agree in the opinion that a large proportion of these works is to be regarded as spurious.

The dialect in which they are written is Ionic, although Hippocrates was himself a Dorian. It differs but little from that of Herodotus, and principally in the introduction of Attic forms. It appears that the Ionic was adopted in preference to the Doric dialect by many writers, as being more elegant and better adapted for conveying their sentiments. This dialect unfortunately affords no test of the authenticity of the writings in question, for some of those which are most evidently spurious retain notwithstanding this peculiarity.

The peculiar character of the style of Hippocrates, which offers in fact the best internal evidence of his genuine composition, is a degree of brevity which almost renders him obscure, and a mode of laying down propositions in general terms, which however are evidently intended to be taken with allowance. He thus advances as general principles assertions which are true in particular cases only, and require modification to render them accurate. He made little use of pompous expressions, preferring plain and simple language, and such as could be comprehended by all classes of readers.

The physiological views adopted by Hippocrates may be learned from his work on the nature of man. He modified the theory of elements as it had been proposed by the Pythagorean philosophers. He viewed all bodies as resulting from an admixture of the four elements, whereas Empedocles considered the elements themselves as immutable, and as entering together into bodies simply by way of juxtaposition. The principle of life according to him was animal heat, and man enjoys perfect health when this principle is intimately combined with the other elementary qualities. This modification of the doctrine of elements was evidently an improvement, for it was impossible to conceive of these being present as such in bodies, in which they were not to be recognized by the senses.

With respect to the knowledge possessed by Hippocrates on the structure of the body, it would seem not to have been acquired by human dissection. There existed in fact in his time an invincible prejudice against violating the dead body, which was also forbidden by severe laws. His notions on the arrangement of the soft parts were undoubtedly obtained from the dissection of animals. He however availed himself of every opportunity of examining human bones, and his knowledge of their forms and mode of union was familiar and accurate. He described carefully the different forms of the skull in different individuals. He observed the fact that the portion of the parietal bones which forms the sinciput is the thinnest part of the skull, whereas the occiput is the most thick. His book on fractures is likewise an evidence that he understood the forms and the articulations of the bones.

On other subjects of anatomy he was little informed. He appears to have had a confused notion of the muscles, of which he speaks merely as flesh, without adverting to their distinct forms. He established no difference between the arteries and the veins, giving to both the name of phlebes, and reserving the appellation of artery or airtube for the trachea. In a passage of the work on the nature of man, he describes four pairs of vessels, all proceeding from the head, traversing various parts of the body, and terminating, two in the feet, and two in the soft parts of the pelvis. Some of his peculiar directions in regard to bleeding are founded on this notion. Of the origin of bloodvessels in the heart, or their distribution in the liver, he seems to have had no idea.

His notions of the nervous system were still more vague. He gave the same name without distinction to the nerves and the tendons. He was equally ignorant of the origin of the former and of their functions. He considered both as attached to the muscles and the bones, and as thus producing voluntary motion. The brain, according to Hippocrates, is a white, spongy, glandular mass, which serves to attract the humors from all parts of the body; a function for which the spherical form of the head particularly adapts it. As a specimen of his reasoning on the organs of sense, we may take the following description of the eye. " The viscid moisture of the brain runs drop by drop into the eye by means of two vessels, and produces the transparent membrane which is exposed to the contact of the air. Behind this are found several other transparent membranes, on which external objects are painted. The pupil is a real aperture, beyond which is placed the viscid moisture which comes from the brain, and which is surrounded by membranes." The theory of smell maintained by Hippocrates is the same with that of Empedocles and Alcmeon.

The views adopted by this author in regard to disease, will constitute the subject of another chapter.

CHOLERA.

Extract from the Instructions given by the Central Commission of Health, in Paris, to the Minor Commissions of Districts and Parishes (d'arondissement et de quartier).

In the event of the arrival of this awful epidemic, it will behove all good citizens to combine their efforts with those of government to purify the city as perfectly as the localities will permit.

The commissions are composed of medical men, persons of professional distinction, so selected as that each may be employed in that line for which his talents and his experience adapt him. To these are added persons unconnected with the profession, but whose standing in society is most respectable, and who have more time and local knowledge to assist and direct the proceedings of their colleagues. The civil power has received orders to second the business of the commissions.

The parish commissioners are to visit *every house* in their parish, and point out to the inhabitants whatever they find amiss, warning them of their danger and of the propriety of setting all to rights before the police interfere. In these visits it will be particularly necessary to ascertain the state of the privies, leads, gutters, and channels, into which the foul water of the house flows; also the wells and cesspools; and to look to the stables, that their floors have the proper inclination and allow the fluids to run off from the dungheaps which are often suffered to accumulate.

Establishments—such as schools, nurseries, *maisons de santé*, and places inhabited by dog-keepers, pig-feeders, rabbit-dealers, pigeon-fanciers, who seldom remove the offal; also the dwellings of rag-men, graziers, stable-keepers, bathmen, tanners, gut manufacturers; and, in short, all workshops which become nuisances by bad smells and want of cleanliness—will have need to be examined with the greatest care.

The commissioners will also see that the public streets in their respective parishes are properly paved and in good order, well swept, with the channels running free and cleanly washed; that the reservoirs of the fountains are in good repair, and sufficiently numerous; that the places of public convenience are well kept, and as many as need be; and whether there should not be new *urinoirs* established in certain situations.

The reports of the parish commissioners are to be made to the commissioners of districts, which last are to communicate with the central commission, and also to give their personal attendance in visiting those places from which they have not received satisfactory reports. The district commissioners are also to call upon the principal shopkeepers and artisans, and to solicit their exertions among their class for the more perfect purifying of the city; to insist upon the necessity of neatness in their houses and dress, and of temperance, the want of which produces such aggravation in the progress of an epidemic.

The business of the central commission is to discuss and digest the reports received from the district commissioners; to form the grand point of re-union of everything concerned in these works; and to act immediately in connexion with government.

Members of the central commission engaged in drawing up this document, MM. Marc, J. Pelletier, Girard, Darcet, and Lucien Delamorliere.

Hemicrania.—This disease is now generally considered to be a neuralgia, either continued or intermittent. The appellation, neuralgia, however, does not designate the real seat of the disease, and is equally applicable to the painful affection of the face termed *tic douloureux*, or to odontalgia; it is proposed, therefore, by M. Piorry in a memoir upon the disease, contained in the *Journal Universel* for January of the past year, to denominate it sub-orbitary neuralgia. The opinions of this gentleman in regard to the seat of the disease are somewhat novel. He considers it to be a neurosis of the iris; confined, at first, to this membrane, or rather to its nerves; and subsequently extending itself through the various ramifications of the latter. It is characterized by disturbance of vision, followed by pains, either of the eyes or of the surface of the cranium, with nausea and vomiting. Its cause is the too long continued exercise of the eyes required in various professions. M. Piorry supports his opinions by various facts which have come under his notice, particularly by cases of habitual hemicrania, in which the disease has ceased upon the exercise of the eyes being remitted as soon as the affection of the sight peculiar to it was experienced, and others in which a cure was obtained by frictions of extract of belladonna upon the eyelids. M. Broussais, in noticing the memoir of M. Piorry, in the February number of the *Annales*, remarks that the opinions of the latter would be more correct had he added, that the iris may be affected also indirectly from an irritation seated in the stomach, in consequence of the sympathy which exists between these parts. This reflected irritation readily explains the frequent production of hemicrania as a consequence of that morbid condition of the stomach denominated indigestion.

Abscess of the Lung, pointing above the Clavicle.—A lad, aged 18 years, was lately admitted at the Hospital of St. Louis, who had frequently been affected with cough during the winter. About eighteen months previous to his admission, he had become affected with pain in the back and under the left shoulder-blade. Five or six months after this, a tumor appeared on the left side of the neck, for which he went to the Hotel Dieu: this was in September 1830, when M. Breschet punctured the swelling and evacuated some pus. On his admission at St. Louis, a fistulous opening was discovered above the clavicle. When the patient coughed, purulent matter was ejected by the aperture. The discharge, after a short time, became fœtid, and the strength of the current of air through the opening was sufficient to extinguish a candle. He died June 6th. On post-mortem examination, a very large cavity was found partially filled with pus, and communicating with the bronchiæ, as well as with the external surface. Several ribs were carious.

Rheumatism.—To imitate the Douch Baths at Aix-les-Bains, (says a London physician,) I set my rheumatic patient in a chair, at the side of which is placed a bucket or large vessel capable of containing three or four gallons of boiling water, and envelope patient and all with a blanket, pinned close round his neck. In a few minutes he is bathed in a copious perspiration, and in this state he is directed to apply percussion to the pained joints by means of an elastic ball, made of cork covered with kid leather, and fixed on a handle of cane or whalebone, about a foot in length. I have seen the most decided benefit follow this practice; and in one case, of seven years' standing, after the daily employment of this *dry douching* my patient was beaten into excellent health, and threw aside a crutch which he had long used.

Aphorisms respecting Wounds of the Scalp.—"Wounds of the scalp do not essentially differ from wounds of similar parts situated elsewhere, and are to be treated on precisely the same principles.

In the treatment of wounds of the scalp, you should have constantly in view its preservation.

Union by the first intention is always to be attempted in incised and lacerated flap wounds, not combined with fractures, &c.

If a scale of bone be cut off, and adhere to the flap, it makes no difference in the treatment. Proceed as if such complication did not exist.

In contused wounds, if small, approximate the parts, but by no means bring them into very close apposition.

Flap wounds which are much contused are to be treated by laying down the flap, after washing clean the surfaces. After the process of sloughing has taken place, bring the parts into the closest apposition.

Never interpose a dressing between the flap and skull.

Treat punctured wounds of the scalp as similar wounds in other parts, and like structures.

To remove the inflammatory tension of the aponeurosis produced by these wounds, and the consequent fever, dilate the puncture by incision.

Erysipelas, with fever, is not an unfrequent consequence of wounds of the scalp.

Always keep in mind the proximity of those wounds to the brain; the vascular connexion between the pericranium and dura mater; and the necessity, on this account, of a strict attention to the antiphlogistic regimen in the treatment."

Aphorisms on Contusions of the Scalp.— "Contusions of the head are generally attended with detachment of the scalp from the pericranium, and a *bloody tumor* is the consequence.

The feel of this tumor so nearly resembles that of a depressed fracture, as often to be mistaken for it.

Never, on this account, make an incision in order to examine the state of the skull; but wait for the occurrence of those symptoms which render fracture more probable.

The application of cold lotions to the tumor, with the occasional use of laxative medicines, will, in general, be sufficient for the removal of the extravasated blood.

If these means should not be successful at the end of ten or twelve days, let out the blood by an incision.

Berkshire Medical Institution.—This Institution has petitioned the State Government for a grant of money. Should it be granted, as we hope it may, a corresponding amount will doubtless be given to the Massachusetts Medical College, to enable the institution to support another professorship, which would add greatly to its usefulness.

Unbecoming Thirst for Popularity.—A physician of note in London has lately discussed the subject of Cholera in a *newspaper* of that city. The medical journals impute to him various and not very elevated motives, for thus resorting to a practice "so unusual with respectable members of the profession" in any country.

Soft Water.—Perhaps no measure of police could add more to the comfort, or so much to the health, of the inhabitants of this city, as the supply of fresh soft water, in quantities sufficient and of such purity as to enable all to use it in cookery. The proposed measure, we are glad to find, is in a more promising way at present than it has ever been before.

Cholera.—The British Government has issued an official notice of the existence of the spasmodic cholera in England. A letter, also, confirming the fact of its existence at Sunderland, has been received at the department of State at Washington, from the United States Consul at Hull (Eng.).

POSTSCRIPT.—By a late arrival from England we have further advices of the continued prevalence of Cholera at Sunderland. The medical men at that place are said to be so far influenced by the fear of offending the inhabitants, as to suppress the worst part of the information they might give respecting the disease. They certainly are deceived themselves or intend to lead others into error, by reporting the existence of three specific diseases, only one of which, and that the least prevalent, is the spasmodic cholera. Their report, e. g. on the 21st of November, which is the last date, gives the following statement of the sick *on that day*: Of Diarrhœa, 37—Common Cholera, 20, and Malignant Cholera, 9. We are not in the habit of crediting any account which states the existence of three epidemics at the same time in the same place, nor does it give any additional credit to this statement, that two of these complaints are such as prevail only in the heats of summer. The fact doubtless is, that, on the day stated, there were at Sunderland 66 cases of spasmodic cholera—some of which were, of course, more severe than others. Of the number of deaths we have no account. The physicians report 4 out of the last 9 to have died on that day, but how many of the first 57 had thus terminated, we are not told.

The horrible crime of *Burking* is said to be carried to some extent in London. Let the British Parliament follow the example of the Legislature of Massachusetts, and they will hear no more of such shocking enormities.

Whole number of deaths in Boston for the week ending January 6, 35. Males, 21—Females, 14.

Of hooping cough, 2—influenza, 5—unknown, 2—dropsy, 1—convulsions, 2—childbed, 1—apoplexy on the brain, 1—consumption, 4—ulcer, 1—old age, 1—erysipelas, 1—scarlet fever, 1—intemperance, 1—infantile, 8—throat distemper, 2—inflammation in the chest, 1—dysentery, 1.

ADVERTISEMENTS.

ENGLISH BOOKS.

JUST received, by CARTER & HENDEE, A Dictionary of Chemistry and Mineralogy, with their applications. By ANDREW URE, M.D. Fourth Edition, with Improvements.

A Manual of Analytical Chemistry. By HENRY ROSE. Translated from the German, by JOHN GRIFFIN.

Richerand's Elements of Physiology, fourth edition. With Notes and Appendix, by J. COPELAND, M.D. Second Edition.

A New Supplement to the Pharmacopœias of London, Edinburgh, Dublin and Paris, forming a complete Dispensatory and Conspectus; including the New French Medicines, and Poisons, with symptoms, treatment, and tests, &c. &c. By J. RENNIE, A.M. A.L.L. Second Edition, revised and enlarged.

Popular Lectures on the Study of Natural History and the Sciences, Vegetable Physiology, Zoology, the Animal and Vegetable Poisons, and on the Human Faculties, mental and corporeal—as delivered before the Isle of Wight Philosophical Society. By WILLIAM LEMPRIERE, M.D. Second Edition, to which have been added two Lectures on the Mammiferous Animals, as since read to the above Society. Jan. 17.

EUROPEAN LEECHES.

JARVIS & PEIRSON, have just received a prime lot of large European Leeches. They were selected at Gottenburg, with great care, by a person well acquainted with the business,—and will be applied, without additional expense, in any part of the city.

188 Washington Street. Oct. 11.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed, POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

VOL. V.] TUESDAY, JANUARY 24, 1832. [No. 24.

I.

REMARKS ON THE INJURY OF THE LENS.

By R. T. HUNT, Assistant Surgeon to the Eye Institution, and Surgeon to the Lying-in Hospital, Manchester.

THE extraction of the lens when dislocated from its capsule, and lying in the anterior chamber, is a practice which has generally been advocated by those who have particularly attended to ophthalmic surgery, and indeed extraction of the cataract seems to have been first attempted in consequence of Petit's extracting an opaque lens, which had become so displaced as to occupy the anterior chamber. This plan of treatment appears, however, to have been confined to those cases in which dislocation of the lens and its consequences were the only injuries the eye labored under. I am not aware that any writer had noticed the utility of early extraction in injuries of the eye, until the appearance of Mr. Barton's paper on that subject, in the Medical Gazette of March 20th, 1830. Since that period, a considerable number of complicated injuries of this organ have been thus treated at the Manchester Eye Institution, and the general result is such as will at least entitle this method to further consideration. It may be right to mention, that nine of these cases were published in the 4th No. of the North of England Medical and Surgical Journal, in a "Report of the advantages of extracting the Lens in such injuries."

When a considerable period has elapsed after the accident, previously to the examination of the patient, there is much difficulty in determining which of the diseased changes in other parts have been produced by injury simultaneous with that of the lens, and which are to be considered as consequences of the lens' displacement. For instance, a blow on the eye dislocates the lens without immediately affecting the retina; this latter structure, however, gradually suffers, in consequence of the lens remaining dislodged, and amaurosis is the result. In another case, the blow which dislocates the lens causes concussion of the retina, and instant amaurosis. Suppose they are examined six weeks afterwards, when the injured eyes of both patients have become amaurotic; how can an observer then distinguish one case from the other? But let the lens be extracted in such an instance as the former, as early after the accident as is possible; this will certainly prevent that injury of the retina which the displacement of the lens from its natural situation is stated as having produced. I have stated that amaurosis may occur, not only as an accompaniment of dislocated lens, but also as a consequence of such an injury. This is rendered more than probable by the frequent supervening of this disease upon the operation for depression, in which the lens is dislodged with much less injury to other structures than when its displacement is caused by a blow. After the operation, patients frequently possess good vision for a time, which subsequently deteriorates, the case terminating in amaurosis. When, therefore, greater violence causes the dislocation of the lens, it is not assuming too much to state, that there will be at least an equal risk of the retina becoming affected. The lens was extracted in three of Mr. Mackenzie's cases; but although its removal appears, in every instance, to have relieved the pain and irritation which had previously existed, yet very little improvement of vision resulted, owing probably to the length of time which had elapsed before this practice was resorted to; for as the lens produced such severe symptoms, after the eye had been so long accustomed to its new position, it is evidently reasonable to conclude, that an equal, if not greater, degree of irritation must have existed soon after the occurrence of the injury. The author recommends extraction, not only in cases of dislocation of the lens, where other parts are uninjured except by its displacement, but also where other structures (the cornea, for instance) are implicated in the injury; but this recommendation is not clearly stated; it is merely implied in the treatment adopted, particularly in Case III., and in the observation, that "The lens was extracted by Mr. Rainy with the same striking relief which extraction generally affords in such cases." Upon carefully examining Mr. Mackenzie's Practical Treatise on the Diseases of the Eye, in which no such observation occurs, I conclude that the practice has been adopted since his publication of that useful work; and it would be a great addition to the evidence, of the advantages of extraction in such instances, already before the profession, if one, who has long possessed and still retains such ample opportunities for the observation of diseases and injuries of the eye, would make public his favorable report of such treatment.

Whilst writing the foregoing observations, a very unusual case of dislocation of the lens came under my notice, viz. that which Mr. Mackenzie calls the sixth variety of this injury.

Thomas Siddal, a weaver, ætat. 66, received a severe blow on the eye on October 18th, which caused much swelling of the eyelids, &c. After this had subsided, he found his vision injured, and applied at the Institution on the 24th. There is a semi-transparent tumor at the upper part of the eyeball, of a roundish form, about the size of a large bean, apparently produced by some body lying between the conjunctiva and globe, immediately behind the ciliary ligament. The cornea is perfectly free from injury; the iris detached from the ciliary ligament on the temporal side, and drawn upwards towards the swelling already noticed, so as to distort the pupil, which is rendered still more irregular by effused blood adhering to the lacerated iris. There is a slight degree of intolerance of light, and considerable vascularity of the sclerotica and conjunctiva; but the pain is much less severe than might be expected from the extent of inury. There is no constitutional rritation.

Considering the tumor as formed by the dislocated lens, I passed a cornea knife through the distended conjunctiva, when the lens was easily removed entire ; it was perfectly transparent, and of the yellow color usually found in advanced age. Its removal was not attended by any escape of either vitreous or aqueous humor, and the lids were kept closed by court plaister, in the usual manner.

Oct. 28th.—The progress of the case, up to the present time, is very favorable. He can now distinguish objects, and there is no appearance of opacity in the pupil ; but when the extent of injury and the age of the individual are considered, it would not be judicious to expect that even the present degree of vision will remain. I shall reserve a more accurate report of the case until I am enabled to state the condition of the eye when a considerable period has elapsed since the occurrence of the accident.

II.

AMPUTATION OF THE HIP-JOINT.

By John Macfarlane, M.D.,
Senior Surgeon to the Glasgow Royal Infirmary, &c.

Elizabeth Kerr, two years of age, was admitted about 11 o'clock of the forenoon of 6th July last, on account of a compound fracture of the left femur, in its upper third, with extensive laceration of the muscles and integuments. This severe injury was produced, an hour and quarter before, by the wheel of a loaded waggon passing obliquely across the upper part of thigh. The bone was fractured transversely, a little below the trochanter, and completely denuded of integuments and muscles anteriorly, to within an inch of its condyles. Posteriorly the soft parts were also dreadfully lacerated and contused, especially at the upper boundary of the popliteal space, where the limb was only retained by a narrow flap of integument and muscle. The femoral artery and vein were torn across, opposite the fracture, but the bleeding was trifling, and consisted only of a slight oozing from the latter vessel and from the lacerated surface. There was also a compound comminuted fracture of all the phalanges of the left little finger.

The child was carried to the hospital from a distance of two miles, the injured limb being extended on a pillow. The countenance was pale and anxious, the pulse rapid and feeble, and the body cold. The usual expedients for exciting reaction were promptly adopted ; heat was applied to different parts of the body, and warm wine negus administered. A consultation was immediately called, and I saw her for the first time at a quarter to 12. She still lay in a state of collapse, but was quite sensible, and cried bitterly when the limb was examined.

From the nature and extent of the injury, it was sufficiently evident that the child's life could only be preserved by amputation at the hip-joint. This operation I was anxious at once to perform, but from the absence of my colleagues it had to be delayed, and a second consultation summoned at 1 o'clock. At this hour I was favored with the presence and assistance of my friend, Dr. Perry, with whose concurrence I immediately proceeded to the operation.

An outer and an inner flap were

formed by transfixing the limb with Lisfranc's knife, which was passed so closely around the head of the femur as completely to divide all its muscular coverings; the capsular ligament was opened with a scalpel, the bone disarticulated, and the limb removed; the femoral artery was effectually compressed by an assistant, and not more than six drachms of blood were lost; five vessels were secured by ligature, after which the flaps were brought together, and retained in apposition by adhesive plaister, compress, and bandage.

During the operation the child was exceedingly weak, and before the wound could be dressed it was in a state of syncope, and appeared to be dying; the pulse at the wrist was imperceptible, and it was even with difficulty the pulsations of the femoral artery in the wound could be discovered; the face was deadly pale, and covered by clammy perspiration; the body cold; the eyes fixed in their sockets; the pupils dilated; and the breathing hurried, interrupted, and laborious. Stimulants were freely administered, and the child was removed to bed, having been about twenty minutes on the table. She lay in a state of collapse and insensibility till 7 P. M. when, after vomiting once or twice, reaction was gradually established. At 8 the stimulants were discontinued; the pulse was 130; skin hot and dry; the fractured finger was now removed and a poultice applied.

Ol. Ricini, ʒij. et post hor. duas enema domestic. Mistur. Diaphor. c. Vin. Antimon. 3tia q.q. hor.

7th.—The child is not weaned, and has been sucking freely; was much annoyed with startings during the night; pulse 140; skin hot and dry; respiration hurried; no oozing from wound.

Submur. Hydr. gr. ij. et rept. post hor. quatuor. Contin. Mistur.

Half-past 7, P. M.—Has been in a drowsy state since two o'clock, from which she can with difficulty be roused; eyes clear and sensible to light; pupils contracted; increased heat of skin, and flushing of face; troublesome startings; pulse 160, feeble; no stool.

Enema domestic. Abrad. Capill. Bladder with iced water to head. Contin. alia.

8th.—Is more alert, and answers questions readily; respiration still hurried, and there is mucous râle in trachea; pulse 160; bowels free.

9th.—Had rather a quiet night, with less starting; tongue cleaner. On undressing wound, flaps were found adhering throughout, except a small portion at upper angle, which is sloughy.

Omit. Medic. Four ounces beef-tea.

11th. — Pulse still very rapid, but febrile excitement diminishing. Edges of wound clean, cut granulations pale.

Vin. Rubri, ℥j. in dies.

13th.—Was more restless last night, and is troubled with cough, dyspnœa, and occasional vomiting. Mucous râle is heard over the whole thoracic parietes. Countenance rather sunk; frequently refuses the breast; pulse very rapid and weak.

Mistur. Mucilag. c. Træ Opii. Calomel, gr. ij. 4ta q.q. hor. Contin. Vin.

Without continuing the diurnal reports, I may shortly state, that the symptoms of bronchitis continued rather urgent till the 19th, when they began gradually to diminish. From the 22d till the 6th of

August, although the wound continued steadily to heal, there existed a good deal of irritability of the bowels, accompanied by diarrhœa, and an aphthous state of the mouth. During this period, three molar teeth cut the gum, and ultimately gave relief to the symptoms. The wound gradually healed; the child improved daily in strength and spirits, and was dismissed cured on the 13th of August.

There were several points in the history and progress of this case which rendered the prospect of its ultimate success extremely problematical. The extensive nature of the injury, and the alarming collapse which it produced, might have reasonably deterred almost any surgeon from undertaking, in circumstances so apparently hopeless, the performance of so severe and formidable an operation as that of amputation at the hip-joint. On first examining the injured limb, I was induced to view the case as almost, if not altogether, hopeless. It was only, however, by amputation that the child's life could be preserved; and although I was aware that this operation might, in a subject so young, and already so much sunk by the shock of the injury, be productive of immediately fatal consequences, I considered that I should have failed in my duty had I not recommended and adopted it. I regretted at the time the delay that took place in obtaining a consultation. The child was in a more favorable state for amputation at eleven than at one; and had it been performed two hours sooner, I am convinced that the shock to the nervous system would have been lessened by its nearer approximation to, and by its becoming in some measure blended with, the shock of the injury. It was evident that the collapse which existed before, and for about five hours and a half after amputation, was not occasioned by loss of blood, but depended on the depressed condition of the nervous system, produced by the injury and aggravated by the operation. With the view of lessening as much as possible the injurious effects of the operation upon the nervous system, I was anxious to perform it rapidly, and with little loss of blood. Both these objects were in part attained. The formation of the flaps, disarticulation of the femur, and removal of the limb, did not occupy a minute and a half, and not more than six ounces of blood were lost. I am no advocate for the hurried performance of operations: nevertheless, it must be admitted that when the pain and irritation of a tedious and protracted operation come to tell, as they must do, injuriously on a constitution which has already sustained a violent shock, the most serious consequences may be anticipated; and we are certainly warranted, in such circumstances, in expediting the operation as much as is consistent with its safe and efficient performance.

The youth of the child was also inimical to the success of the operation. The physical irritability which exists during the two or three first years of childhood is so great as to render the performance of any capital operation extremely dangerous. I am not aware that there is any case on record in which amputation of the femur at the cotyloid cavity has been performed on so young a subject, and I have been chiefly induced to communicate this case to the profession, in order to show, that in serious injuries inflicted on young children we ought not altogether to despair of success, even in the most desperate circumstances, but to proceed with those operative measures which the peculiarities of the injury may demand. I must state, however, that I have witnessed amputation of the hand twice on children under three years of age, and in both cases convulsions supervened, and proved fatal in less than twenty-four hours. We would not willingly select such cases for operation, neither should we decline to use the knife when it is absolutely called for.

We had not only the immediate dangers of the operation to deal with in the case of Kerr, but we had also to contend with a series of untoward occurrences during the progress of the cure. 1st. The collapse was unusually severe and protracted; and, as generally happens, was productive of excessive excitement. 2d. The continuance of this febrile excitement, for eighteen hours, produced an affection of the brain, accompanied by partial coma. 3d. The occurrence of bronchitis, which was rather protracted and severe, was another source of danger; and, 4th, the existence of troublesome diarrhœa, with dentition. The child not having been weaned was, I think, also detrimental to its recovery. The continued anxiety of the mother; her absence from her family, and her close confinement in the hospital, occasioned a continued diminution, and, occasionally, an almost complete suspension of the secretion of milk; and as the child refused spoon-meat of all kinds, it must be obvious that she was often imperfectly nourished. Since she was dismissed from the Infirmary, she has completely regained her health and strength, and she is now able to move about the house with the aid of crutches.

III.

CASE OF OVARIAN DROPSY COMPLICATED WITH PSOAS ABSCESS AND PREGNANCY, SPONTANEOUSLY SUBSIDING.

By Thomas Fereday, M.D., Dudley.

Mrs. Hall, æt. 40, of naturally healthy constitution, and fresh-colored countenance, had a child in the year 1810, ten months after marriage, and in the twentieth year of her age. Her husband died, and she again married in 1814, and eighteen months afterwards had a second child.

About eight years ago she had uterine disturbance to such a degree as induced her medical attendant to tell her she would bear no more children. What this affection was I cannot satisfactorily learn, the practitioner to whom she applied being dead. She says that the purulent discharge continually issued from the neighborhood of the uterus, and that a large bougie was occasionally introduced up the vagina. From this and the attendant constitutional symptoms she recovered in about four years.

Menstruating regularly, she again conceived about Midsummer, 1830, sixteen years from the birth of her last child, attended, during the early months, with an aggravation of the usual symptoms of pregnancy.—These subsided, but recurred towards its close, accompanied with pain in the loins, a tenderness and tumefaction in the right iliac region, pains in the hips, numbness of the right thigh, a disagreeable taste in the mouth, and slight fever.

March 10th.—The predominant symptoms are the shooting pains in the loins, the numbness of the thigh, and the nauseous taste in the mouth, compared by the patient to rotten eggs. There is an enlargement, about the size of a child's head, with rather indistinct fluctuations to the right of the spinous processes of the lumbar vertebræ.

23d.—The pain in the back has been so severe for the last week that the patient has been confined to her bed. There is evidently a deep-seated fluctuation. A puncture discharged about a quart of good pus, with great ease to the patient, but had no apparent influence upon the ovarian (?) swelling. The wound was closed with sticking plaister, and a flannel roller bound round the loins. In the course of the evening, and after some hours severe pain, the dressings gave way, letting out a quantity of matter, nearly equal to that withdrawn in the morning, and with as great relief.

24th.—There has been severe pain in the back, shooting from thence along the course of the psoas muscle, with much bulging in the former part. For the first time, too, an oblong swelling, about the size of a large hen's egg, is observed midway between the crista of the ilium and the os pubis, above Poupart's ligament, and apparently in the direction of the inguinal canal. The ovarian (?) tumor remains pretty nearly in the same state. The contents of the abscess in the back were again discharged, by which the inguinal swelling was lessened.

In the night labor came on, but so reduced was the patient, from want of rest, suffering, and great secretion, that she became alarmingly exhausted after a few hours continuance of labor. The mouth of the womb being fully dilated, and the head of the child at the brim of the pelvis, (too high to admit of the application of the forceps with effect,) I judged it more advisable to deliver by turning, than subject my worn-out patient to a repetition of inefficient pains, gradually becoming weaker. I effected this with very little difficulty, and no violence, the uterus scarcely recognizing the presence of my hand. The placenta and membranes were expelled in about a quarter of an hour by the natural contraction of the womb, the latter organ being distinctly felt as a round hard ball in the hypogastric region. Yet the abdomen did not appear lessened, and it was thought by the attendants that there was still a child *in utero*. It was evident, however, that the enlargement occupied principally the right side. After remaining quiet a full hour, I had her very quietly put to bed, and administered thirty drops of laudanum in a little warm wine and water.

25th.—The swelling in the iliac region continues, as do the pains in the hips, the numbness of the thigh, and the disagreeable taste in the mouth. There is about the usual quantity of lochial discharge.

In the evening of the 26th I was sent for in great haste in consequence of a great and very sudden discharge of watery fluid from the vagina, estimated by the attendants at two or three gallons, but admitting of no accurate measurement, as it escaped among the bed-linen. The ovarian (?) swelling disappeared; the pain in the hips, and the numbness of the thigh, subsided; and, for the first time for a month, the patient had a comfortable night's sleep. From this time she became convalescent; the discharge from the back continued unabated for about a fortnight, and then very slowly, but gradually, decreased; a small quantity, however, still remains, with but little pain, and scarcely any inconvenience. The ovarian (?) disease, with its attendant symptoms, vanished; the pulse, which during the whole progress of the case had been accelerated, became more quiet; and the tongue, which had been coated with a white fur, became clean; whilst by nourishment and fresh air she acquired sufficient strength to suckle her child. Both are now (October), and have been for some months, stout and healthy, the mother having long resumed her ordinary domestic avocations.

In relating this case, it is obviously not with an intention of describing the treatment adopted: that was necessarily very simple, and such only as tended to relieve general and urgent symptoms. This, therefore, I have not deemed it necessary to introduce.

The great peculiarity consists in the spontaneous discharge of a thin and limpid fluid from the vagina, attended with the immediate subsidence of an intumescence in the right iliac region, together with its attendant consequences, pain in the hip, numbness in the thigh, and disorder of the stomach. These symptoms are readily accounted for; the former from the pressure of the swelling upon the anterior branches of the lumbar and sacral nerves, the latter from the universal sympathy which exists between the generative organs and the stomach.

Now it would seem that the right ovary was predisposed to disease in consequence of the disturbance that existed in the uterus years back, when, possibly, adhesive inflammation had agglutinated the fimbriated extremity of the fallopian tube to the ovary, and that the process of utero-gestation had proved the exciting cause to the dropsical effusion, (in which, perhaps, the fallopian tube was implicated,) which, by the bursting of the sac which contained it, had been transmitted through the tube to the uterus, and thus effected its escape.

It could not have been dropsical effusion of the uterus, for that would have required a closure of the cervix during its formation, which would have been incompatible with a constant and free discharge of the lochia. The same may be said of that irritable state of the vessels secreting the liquor amnii to excess, as mentioned by Dr. Mason Good. It could not have been an hydatid, for it must have had an envelope; its expulsion, too, would have required much uterine pain; in addition to which, the uterus was distinctly recognized as a firm and hard tumor in the hypogastric region, totally distinct from that I considered the ovarian enlargement.

It is universally admitted that a vesicle in the ovary bursts from the stimulus of the seminal fluid, and that the ovum is conveyed from thence through the fallopian tube to the uterus; and why, by a sudden movement of the body, or other agent, may not the sac of an ovarian dropsy be lacerated and its contents escape into the uterus?

If, then, this view be correct, it must be considered a very fortunate and rare termination of a disease very little under the control of medicine. Such an event must not frequently be expected.

I have purposely avoided much notice of the abscess, evidently a psoas. It was unusually rapid in its formation and reproduction, and unattended with disease in the vertebræ. It had been punctured in the back before it pointed in the groin. A depending opening would certainly have expedited the healing, but one was already made, and I hesitated making another through the aponeurosis of the abdominal muscles, thereby rendering weaker a part already too susceptible of important diseases.

IV.

WARM AIR BATH.

By W. Woodman, of Exeter.

On Monday morning, November 7th, I received an urgent message to see Elizabeth Sprague, aged 65, residing in a very confined part of the city. On my arrival I found her writhing with agony, and complaining of excruciating pain and icy coldness of the stomach. The surface of the body was quite cold, the countenance anxious, the pulse almost imperceptible. She informed me she had been in that state about half an hour, but had been complaining all night of some pain in the stomach, with cramps in the legs, and had not been well since Saturday; she had not vomited or been purged, and the cramp had now left the legs; tongue clean and moist.

I immediately gave her 30 drops of cajeput oil in a little warm water; in about five minutes she vomited what appeared to be her breakfast; she now felt relieved for a few minutes, but the pain soon returned with its former severity. A large mustard cataplasm was now applied to the stomach, and 20 drops more of the cajeput oil, given in warm brandy and water; she soon after felt rather less pain of the stomach, but the coldness of the surface, the pulse, and other symptoms of collapse remaining unabated, I was induced to use the warm air bath, and am happy to say with complete success, as, in about five minutes the surface of the body became warmer, and in about eight minutes more it was above the natural temperature, with the pulse full and throbbing, and was attended by complete relief to the stomach. In the evening she felt quite comfortable, with a soft pulse and moist skin.

My intention in reporting the above case is to call the attention of the profession to its resemblance in some of the symptoms to cholera, and to the facility with which, in the short space of thirteen minutes, reaction was completely established, the temperature of the body being raised above the natural standard, and the pulse, from being almost imperceptible, becoming full and throbbing. I should therefore earnestly recommend the different Boards of Health to provide a proper supply of the baths, in order that a fair trial may be made of their utility, should the cholera unfortunately appear among us. Its portability renders it applicable in every instance; and without the least fatigue to the patient we are enabled to surround his body with an atmosphere of warm dry air, which, acting as a stimulus to the whole surface, will tend to relieve internal congestion, and restore the cutaneous circulation to its natural state.

V.

CASE OF EPHIDROSIS IDIOPATHICA.

By Henry George, of Kensington.

I know not whether the opinion is founded in correct observation, but I am disposed to believe that there is something very peculiar in the constitution of the present year—every variety of disease appears to present unusual phenomena. Fevers, if inflammatory, quickly assume the typhoid character; or from their commencement give strong evidence of their malignant tendency. The active stage of inflammatory diseases appears to pass as a shadow, and the disturbance which a mere attack of diarrhœa will produce in the vascular and nervous systems but ill accords with the usual and observed effects of that disease. How far these circumstances may be associated with the pestilential state of atmosphere, which at present is depopulating many parts of Europe, it may be difficult to decide, and it remains a point of no trifling moment for our consideration whether these phenomena are to be considered as precursors of future and more fatal mischief, or are to be regarded as modifications of the same calamity. With such impressions, it is to be supposed that every unusual occurrence will be adduced in support of the belief; nor can I think that the following case, which I offer for insertion in your Journal, in any way contradicts the opinion.

A lady, whose mind and body had been harassed by unremitted attendance on a sick and valued relative until his death, through the day subsequent to that event was troubled with repeated attacks of cramp in the legs, and with general feelings of indisposition. Soon after going to bed she was seized with rigor. No perceptible hot stage followed this state of collapse; but a most profuse perspiration within the space of half an hour covered the whole body; her back and limbs became painful, with pulsating pains in the head. I saw her for the first time (later than I intended) the evening subsequent to the attack. The pulse was ranging at 130; the countenance very anxious; the perspiration literally pouring from the face, the skin of which was exquisitely tender (and still remains so) from the constant use of the handkerchief; and it had been necessary to keep a napkin under the chin to receive the perspiration as it ran down the face; every part of her body was in the same state; she had had no sleep; there was great sense of weakness in the abdomen, with unusual and most distressing flatulency. I ordered the following medicines, directing that she should be kept moderately cool, and no warm fluids to be given.

R. Confect. Arom. ʒss.
Tr. Hyos. ʒss.
Sp. Ether, Nit. ʒss.
Tr. Card. c. ʒss.
Aq. Puræ, ʒx. M. fiat haust. stat. sumend et post hor. quatuor repet.

Early the next morning I found her with the pulse reduced to 100 beats in the minute; the perspiration had considerably decreased since four o'clock in the morning, though up to which time it had continued with unabated violence; head still painful; great uneasiness in the back; the flatulent state of abdomen greatly relieved.

R. Extract Conii, gr. xvj.
Tr. Cardam, comp. ℥ss.
Inf. Rosæ, ℥iij.
Aq. Cinn. ℥iiss. M. fiat mist. cujus. capt. 4tam part. 4tis horis.

In the evening I found her with the skin in a natural state; pulse 80; no pain in the head or back, but excessively weak. I continued the sedative, and ordered a mild aperient for the morning. On my next visit I found she had passed a comfortable night; skin in a natural state; pulse regular; I continued the sedative every six hours. Two days subsequent to this visit she complained of nothing but debility.

MEDICAL JOURNAL.

BOSTON, JANUARY 24, 1832.

SKETCHES OF THE HISTORY OF MEDICINE.

Pathology and Practice of Hippocrates.—Hippocrates, unlike many of his predecessors, made less account in his pathology of proximate than of remote causes of disease; contenting himself with tracing them to their obvious sources, without any subtile discussion of their intimate nature and essence. A few speculations only on immediate causes are to be found scattered here and there in his works. Thus he explains inflammation by the influx of the blood into new channels, and barrenness by the elementary qualities of the uterus. He refers spasm to two general causes, fulness and exhaustion; and explains urinary calculi as owing to the accumulation of sandy particles contained in the urine.

The particular remote causes which most attracted his attention were the air, the winds, and the prevalent constitution of body. He carefully indicated the changes produced in the constitution by the influence of season. He regarded the variations of weather from one season to another as a sufficient reason for the maladies peculiar to each. His observations on this subject, though ingenious, were sometimes mistaken, because he did not sufficiently admit into his estimate the influence of accidental causes. Thus, when he met with a particular disease in a country having a certain exposure, he, without hesitation, attributed the malady to this circumstance. He regarded a north wind as a cause of abortion and hydrocele, and that from the east as producing fruitfulness. He even supposed that the peculiar qualities presented by the water in different countries, were owing to the prevalent winds to which they are severally exposed. There are likewise many of his maxins which, though accurate in reference to the countries which formed the field of his observation, do not admit of general application, and, in the general form in which they are stated, are inadmissible.

Hippocrates was the first to establish the three general periods in disease, namely, crudity, coction, and crisis. His view of the subject appears to have been, that the morbific principle must, before being expelled, undergo an elaboration from nature or from the integral heat. He has indicated the signs of these three periods, and the symptoms which announce a favorable termination or metastasis of disease. He observed that nature is subjected to certain regular periods, and that in fevers especially the morbific matter is evacuated on certain days from the onset of the disease. These days, which were principally the 4th, 7th, 11th, 14th, 17th, and 20th, were called excellent or critical. The qualities attributed to these days seem to have been wholly derived from observation, and unconnected with any supposed virtue in the numbers themselves. It is needless to add that they cannot all be now recognized as critical in fever. The general fact, however, of periodicity in disease, has been distinctly observed in modern times; and if the regularity observed by Hippocrates is no longer remarked, the change introduced by modern habits of living, and still more the influence of the active practice now adopted, compared with the simplicity of the ancient mode of treatment, may serve in some measure to explain the difference.

Among the evacuations which he regarded as critical, may be mentioned those by stool and urine, particularly the latter, the qualities of which, and among these the sediment deposited, he considered as signs of the first importance in disease. There are also many instances mentioned in his works, where the disease was terminated by critical perspiration.

The circumstances regarded by Hippocrates in examining the state of a patient, were principally the general appearance, the state of the eyes, the position of the body, its color and temperature, the increase or diminution of its volume; the state of the respiration, of the intellectual faculties, and of the other functions. He made no account of the pulse, at least of its general indications; though he appears sometimes to have noticed the unusual action of the arteries.

Regimen, a point of the utmost importance both in the treatment of disease and in the preservation of health, appears to have attracted his particular attention. This branch of science had, till his time, been almost wholly overlooked by physicians, so that he may properly be regarded as its founder. Before this period, indeed, dieting had been enjoined by the gymnasiarchs as a means of increasing the strength of their pupils, and from them, perhaps, Hippocrates obtained his first notions on this subject.

The first precept of his dietetics is to continue all habits which are not absolutely injurious. Even if hurtful in themselves, it is often better to continue them, than to make sudden and violent changes. Such changes are always prejudicial, and therefore, in passing from one mode of living to another, the transfer should always be made by slow degrees. Among the maxims contained in his aphorisms, are these: that excesses of all kinds are dangerous; sleep and watching, rest and motion, repletion and evacuation, must be restrained within those bounds which are prescribed by nature: that people in health should abstain from all medicine, and especially from cathartics: that a severe regimen in health is more injurious than a less restricted mode of life, because in the former even a slight variation from the rule, and such as circumstances may render unavoidable, may yet be attended with the most injurious consequences.

As respects regimen in acute disease, the principle he adopted was, that the processes instituted by nature tend to the elimination of the morbific matter, and that these should be as little interfered with as possible, by making any demand on the digestive powers of the system. Hence, we find him expressing himself in language like the following:

"Nothing ought to be given to the patient when the affection is increasing, and especially toward the period when the crisis is about taking place. We should without delay prescribe a severe diet, when the violence of the disease is severe from the beginning. It is necessary to examine the strength of the patient, in order to determine whether he is able to support an absolute privation of aliment up to the moment when the affection reaches its greatest degree of intensity. The quantity of nutriment administered should not be increased without the greatest circumspection. It is often useful to prescribe total abstinence when the patient is strong enough to support it through the whole course of the fever: but in the application of these rules, we must always pay attention to the violence of the disease, to its cause, to the constitution of the patient, and to the habits which he has contracted in regard to food and to drink."

The advantage of dilution in fevers was as fully recognised by Hippocrates, as it is by physicians of the present day. In this view he prescribes to his patients various drinks, of which they were to make constant use, without taking at the same time any nourishment whatever. Among diluents to be employed in these cases, he gave the preference to the decoction of barley, and in fact devotes the principal portion of his book on regimen in acute disease, to the mode of preparing and administering this article. Gruel being a real aliment, it should only be given in certain circumstances. Hippocrates always interdicted its employment when he prescribed purgatives, or when circumstances indicated that nature was terminating the process of coction, and that the crisis was about to take place. He also proscribed it in fevers, when the primæ viæ were loaded with crudities. If, however, he wished to nourish lightly and at the same time to favor the natural process of the disease, he ordered gruel strained through cloth, changing from this to the simple decoction, as circumstances rendered it necessary. He regulated by exact rules the use of wine, milk, mineral waters, baths, fomentations, air, and other dietetic remedies, which he judged important.

With the consideration of his curative methods, we shall conclude our account of Hippocrates.

THE CHOLERA.

Among the remarkable incidents which will attract the attention of posterity to the age in which we live, few will stand out in stronger relief than the birth and ravages of this fatal pestilence. It made its first appearance in August, 1817, on the coast of India. It has spread slowly but steadily, following the great routes of communication between different countries, till it has desolated the fairest portion of Europe, and in the short space of 14 years swept from the earth more than *fifty millions* of human beings. This disease, which far outstrips, in the measure of its fatality, any epidemic known in past ages, and which accomplishes at a single blow what the worst of its predecessors brought about by a series of inflictions, is now raging in a small seaport in England, from which it will doubtless spread, in a short time, to every other portion of the British Islands; nor can we see any reasonable ground to expect that these States will be spared its dreaded visitation.

Sunderland is a town about one mile and a half long, and one mile broad. One main street runs through the settlement, and this is crossed by others, some of which are narrow and dirty. It contained, in 1821, about 15,000 inhabitants, and probably has, at this time, a quarter part the population of this city. It has about 500 vessels engaged in the coal trade, which convey the coal to London, to France, Holland, and the Baltic; and it was doubtless through the medium of some of these latter, that the cholera was introduced into the town. It was stated that a chest was brought from Riga by one of these vessels, which had belonged to a seaman who had died of cholera at the latter place: that the family of the deceased, who opened the chest and examined the clothes it contained, were soon after attacked by the disease; and that from them it extended to other inhabitants of the town. This short statement, which we have not seen contradicted, is decidedly more important than any other which has yet been made respecting the disease, from the time of its first appearance in India to the present moment. It establishes the contagiousness of the disease by persons and merchandise; it draws an erasure over the written opinions of the wisest of those Physicians, who have expressed their belief that the unlading of vessels or other means of purifying their cargoes is unnecessary, and proclaims to all governments the necessity of a rigorous enforcement of the strictest quarantine.

Had the seaman's chest not gained admission into Sunderland, England might yet perhaps be free from this malady;—and our fears that the disease will yet visit this country, rest on the belief that sufficient care *will not* be exercised, through the whole extent of our sea coast, to prevent the occurrence of a similar accident in one place or another. So far as entire protection can be given, let it be given; and let the police of every place reflect, that, with the Sunderland facts before them, they hold as it were at their voluntary disposal, the lives of thousands of their fellow men.

Should all attempts at exclusion be fruitless, we have then to prepare our minds to meet the danger without trepidation, and to seek for consolation in the fact that its worst ravages are among those whose systems are naturally feeble or have been broken down by intemperance:—thus does it prove not only the destroyer, but the improver of the human race—leaving behind those of the strongest constitution of body and of mind.

The part of the faculty is, to examine every detail in the past treatment of the disease, and, from a careful note of its symptoms, to bend every energy of intellect to the discovery of some more efficient means of arresting them.

In the history of disease in this country, we recollect but one that appears to bear any analogy, either in its general mode of attack, its great fatality, or the means most clearly indicated in its treatment, to the present cholera of Europe. The disease to which we refer, is the *spotted fever* which prevailed in the State of Maine, in the year 1814. Its symptoms were more various than those of cholera, and its fatal issue was not quite so speedy. But the attack consisted, in the main, in a sudden departure of the blood from the surface, and an appalling prostration of the powers of life. Having been an eye-witness to this epidemic, it has been recalled to our mind by every history we have read of the symptoms of cholera. We have seen persons, in the fullness of health, suddenly fall under its blow, apparently lifeless; and the sudden and obstinate coldness of the surface, in all cases, gained for the disease the popular name of *the cold plague.*— In no disease have we seen so marked effects from different modes of treatment. Purgatives and venesection were generally followed by fatal results; where calomel was given, the unhappy sufferer often died whilst under its operation; and in spite of most forms of treatment, its ravages were unparalleled in that part of the country. It was at length discovered that a treatment from the first most thoroughly phlogistic—stimulants internally and externally with an unsparing hand—exerted an entire control over the disease. This practice was pursued, with marked and almost uniform success, by Dr. Page, of Hallowell, aided by that man of Ross, whose benevolence will never be forgotten by the hundreds of his townsmen, to whom it has ever been liberally extended. In the small town of Wiscasset, containing about 2,000 inhabitants, 2 or 3* were dying daily of this epidemic, until Dr. P. was persuaded to visit the place; and after the day he entered the town, and introduced the mode of treatment that had been so successful at home, *not an individual died of this disease.*

That a similar mode of treatment would be, *more than any other*, successful in cholera, we should think probable, from the general resemblance in the mode of attack; and we shall give a brief account of this practice in our next, hoping it may suggest such a modification of it as the exaggerated symptoms of the latter disease may seem to require.

JEWISH TREATMENT OF CHOLERA.

The following is the mode of treatment adopted by the Jews of Wiesniz in case of cholera; out of 240 individuals in that town attacked by the disease, every one of them was saved by this mode except two, who refused to submit to the plan proposed. The plan is communicated in a letter published in the Lancet, and is this:

" The several points of the remedy are as follows: Take a pint of strong spirits of wine, and half a pint of good white wine vinegar; add to them one ounce of powdered camphor, one ounce of flour of mustard, a quarter of an ounce of ground pepper, and a teaspoonful of bruised garlic; and lastly, half an ounce of powdered cantharides; mix well in a bottle, and expose for twelve hours to the sun, or in a warm place, frequently shaking it. As soon as a person is attacked, let him instantly be put to bed under warm coverlets, and let his hands and feet be rubbed powerfully and uninterruptedly with the liniment made warm. During this operation he must take a glass of strong drink composed of two parts of camomile flowers and one part of balm mint. Persevere in this course, and at the end of fifteen minutes at the utmost, (the patient's head and body being kept well covered beneath the bed-clothes,) he will break out into a profuse perspiration, and must be kept in this state between two and three hours, but on no account be allowed to fall asleep.—After this, remove the extra covering from the bed, and he will fall into a slumber, which will last six or eight hours, and be accompanied by a gentle perspiration; when he awakes he will find himself weak, but the disorder will have entirely left him, and he will require nothing more than rest and moderate diet to restore him to perfect health. Especial care must be taken, after the operation of rubbing, that the patient does not so much as lift a finger above the bed-clothes, for the slightest chill whilst the perspiration is upon him would be instant death. When there is cramp in the stomach, apply dry bags of bran and ashes very hot to the pit of the stomach, and then apply a bladder of hot water to the region of the navel. The great point is to produce strong perspiration, and restore the circulation of the blood to the surface of the body, from which part the blood is drawn at the commencement of the attack, and thrown with frightful violence on its inward parts."

---

* Equal to 60 a day in Boston.

Whole number of deaths in Boston for the week ending January 13, 36. Males, 19—Females, 17.

Of inflammation, 1—old age, 3—teething, 1—hooping cough, 1—lung fever, 3—consumption, 6—inflammation in the bowels, 4—infantile, 1—unknown, 4—bowel complaint, 1—croup, 1—influenza, 3—paralysis, 1—scarlet fever, 2—throat distemper, 1—debility, 1—convulsions, 1.

ADVERTISEMENTS.

MEDICAL SCHOOL OF MAINE.

THE MEDICAL LECTURES at BOWDOIN COLLEGE will commence on MONDAY, the twentieth day of February, 1832.

Theory and Practice of Physic, by JOHN DELAMATER, M.D.
Anatomy and Surgery, by REUBEN D. MUSSEY, M.D., Professor at Dartmouth College.
Obstetrics, by JAMES MCKEEN, M.D.
Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The ANATOMICAL CABINET is extensive, and constantly increasing.

The LIBRARY, already one of the most valuable medical libraries in the United States, is every year enriched by New Works, both foreign and domestic.

Every person, becoming a member of this Institution, is required to present satisfactory evidence that he possesses a good moral character.

The amount of fees for admission to all the Lectures, is $ 50. Graduating fee, including diploma, $ 10. There is no Matriculating nor Library fee. The Lectures continue 3 months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Boarding may be obtained in the Commons Hall at a very reasonable price.

P. CLEAVELAND, *Secretary.*

Brunswick, October 29, 1831. Dec. 1. eop4t.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

Vol. V.] TUESDAY, JANUARY 31, 1832. [No. 25.

I.

TREATMENT OF SPOTTED FEVER.

We alluded last week to this disease as it prevailed in Maine, to its analogy in certain points to the Cholera, and to the successful practice of Dr. Page, of Hallowell. The following extract from his own account of his mode of treatment, is from *Thacher's Modern Practice*,—a work published by Cottons & Barnard, of this city,—by consulting which the reader may see also some other notes respecting the disease.

From these various affections we may conclude, that the first and principal indication of cure is to increase the excitement, and support the sinking powers of life. This may be effected by stimulants, especially of the cordial and diaphoretic class, and tonics. The stimulants should be *external* and *internal*. The former may be obtained by putting the feet into warm water, placing the patient in bed between blankets, and applying to different parts of the body, billets of wood boiled in water, hot bricks, or brands of fire quenched in vinegar or water, and bladders of hot water or flannels wrung out of the same. In severe cases, frictions of the whole body with sweet oil were sometimes used. Blisters and rubefacients to the head, neck, chest, stomach, or limbs, were often highly important; as also sinapisms to the feet. Internally, may be given hot teas of pennyroyal, sage, pepperment, or dwarf yew (commonly known in these northern parts by the name of *ground hemlock*), either alone, or combined with brandy or other good spirit; also the warm essential oils (those most used were peppermint, lavender, rosemary, origanum, cinnamon, spirits of turpentine, &c. as circumstances required); also hot punch, wine whey, &c. When the stomach is much disordered, a gentle emetic of ipecacuanha and sulphate of copper may be given; always directing after its operation a draught of hot brandy and water, with the essence of peppermint or compound tincture of lavender, or any other suitable cordial. A powder of camphor, ipecacuanha, and opium, with sometimes half a grain, or a grain of calomel, was given every two, four, six, or eight hours; its frequency depending on the necessity of exciting perspiration.—A general circulation and warmth should be procured, and perspiration supported by the cordial drinks, &c. above mentioned, together with hot strong broth, highly seasoned. No purgatives were given until after the first three days; and then those only of the mildest kind, such as castor oil, rhubarb, carbonate of potass, and tartrite of potass and manna, &c. Injections of milk, sugar, and salt, by way of clyster, were always safe, and often recommended. The *contents of the bowels* were generally in a natural and healthy state, and therefore needed no rash evacuants; especially in the low and depressed situation in which the patient was often found. Some were known to die while under the operation of a dose of calomel and jalap, in places where the disease made its first appearance. The lancet was found to be equally unsuccessful.

The above treatment was continued for twelve, twenty-four, thirty-six, or forty-eight hours, or indeed until the pains abated. The patient was then taken up, and had all his clothes changed. He was again placed in bed, but between sheets; and kept in only a gentle perspiration. The following preparation from Dr. North was uniformly pleasant and useful to the sick:

R. Cort. Cinchonæ Officin. ℥j.
Cort. Citri Aurant. } ā ā ʒij.
Rad. Serp. Virg. }
boiled in 3 lbs. water 10 or 15 min.; strained; and a gill of molasses and a gill of yeast added.

After standing six or eight hours to ferment, a wine glass of it may be given every three or four hours; and sometimes with the addition of two, three, or four drops of Fowler's mineral solution, or from six to ten drops of the tincture of opium, or from four to eight or ten drops of the essential oils.—When this beer was not given in the first stage of the complaint, yeast and the muriatic acid were substituted.

This course was pursued till the violence of the disease abated, which was commonly about the third day; when Huxham's tincture of cinchona, and aromatic sulphuric acid, were employed. In cases of delirium, camphor and opium, with wine and brandy, were freely given, and cold applications used for the head. In cases of coma, (which may be considered as the dying stage of the disease,) injections of yeast, brandy, and laudanum, were given with the best effect; and some lives have been saved by this practice.—In one case, where the patient became comatose, in consequence of the nurse neglecting to give the necessary stimulants for several hours, we succeeded in getting down five hundred drops of laudanum in six hours, with a quart of wine, and nearly as much brandy; and though the stimulants were continued through the day, so that he took about two ounces in all, of the laudanum, yet he soon recovered. He had been motionless and senseless; had stertorous breathing; was incapable for a time of swallowing; and had rattling in his throat.—A young married lady was attacked with this fever after her first lying-in, and had mild delirium which soon rose to a most violent fit of distraction, with supervening coma. In one hour, forty grains of camphor, and one hundred and eighty drops of laudanum, were given to her; and in the following three hours, she took four hundred drops more, a bottle of Madeira wine, and some brandy; immediately after which, she began to mend, and gradually recovered, contrary to the expectation of all her friends. Ice was applied to the head in both cases.

One patient, in profound coma, was saved by shaving and blistering the head, &c. Various similar cases might be mentioned.

In order to give a more clear and concise view of the method pursued by the writer in the management of this perplexing disease, its usual varieties will be classed under the four following species, or descriptions, and some practical remarks made on each ; for it seized, 1st, the head ; 2d, the chest ; 3d, the viscera of the abdomen ; 4th, the extremities ; *though this last species was usually complicated with each of the others.*—But in this division of the disease into certain prevailing forms, it must be remembered, that one and the same disease exists under each of them ; and that therefore *the general nature of it* should always be kept in view ; the necessity of which will soon be seen in practice, as the peculiarities of the species commonly disappear after a time, leaving nothing but the simple disease to be treated by its general remedies.

1. When the attack is upon the *brain*, and there is increased heat of the head, and throbbing of the carotid and temporal arteries, attended with mild delirium, cold vinegar and water may be applied to the forehead and temples : but in severe cases with a tendency to coma, apply a bladder partly filled with powdered ice ; place a blister on the back of the neck, temples, or forehead ; give large doses of camphor and opium ; inject yeast, brandy, and laudanum, by way of clyster ; apply sinapisms and heat to the feet and legs ; and employ any of the general remedies before mentioned, which shall best suit the case. The patient should not be allowed to sleep more than twenty or thirty minutes at any one time, without taking medicine or nourishment, which indeed should be a *general rule* in all severe cases of the disease.

2. The *spurious peripneumonic form* of the disease has generally prevailed during the spring months. The primary symptoms were generally, moderate alternate chills and heats ; but in some there was a deathlike coldness, which pervaded the whole body ; yet neither the heat nor the thirst was considerable ; pains (sometimes obscure) occurred about the chest, with great oppression and cough, difficult breathing, and expectoration of viscid dirty brown matter ; and in some of the most malignant cases, blood (sometimes very florid) was expectorated completely dissolved ; and there were sometimes nausea and vomiting.

To relieve the oppression and pain of the chest, a bladder of hot water, or any one of the heated substances before mentioned, was first applied to the pained part ; after which, if there was much nausea, a gentle emetic of ipecacuanha and sulphate of copper was given and frequently repeated. A powder composed of camphor, compound powder of contrayerva, carbonate of ammonia, and spermaceti, was directed every two, four, or six hours, to promote warmth and perspiration, &c. A decoction of seneca snake-root, elecampane, liquorice, and aniseed, sweetened with honey, was also given, farther to encourage warmth, perspiration, and expectoration. The patient should frequently inhale the vapor of water and vinegar, as rising from a heated shovel, or from a vessel. In mild cases, after using warm external applications as above mentioned, the chest was anointed with sweet oil and covered with warm flannel ; or rubbed with an infusion of cantharides in vinegar, till vesication was produced ; but in deep seated affections, large vesicating plasters should be applied.

Internally should also be given, in malignant cases, warm stimulating cordials, such as some of the essential oils, old Geneva and water, hot punch, wine, wine whey, mustard whey, and bottled cider. When the beer before mentioned was prescribed (and it was usually given after a few days to the worst of the sick), seneca was substituted for the Virginian snake-root. The bowels were kept open by injections, or mild laxatives. Camphorated tincture of opium may be taken in the evening in wine whey. When dysuria occurred, linseed tea and gum arabic were given, and warm stimulants applied to the hypogastric region. A decoction of barley with raisins or figs, and broth, were also taken for nourishment.

3. When the violence of the disease is directed to the *stomach and bowels*, and produces vomiting, cholera morbus, or colic ; in addition to the common remedies, a solution of the carbonate of potass and yeast may be given by the mouth ; and the same, with tincture of opium, by injection. A bladder of hot water, or a flannel bag with bitter aromatic herbs, (such as hops, tansy, or wormwood,) infused in heated spirits, may be applied to the stomach and bowels : or a rag may be dipped in the heated infusion, and this application to the part be repeatedly renewed. The compound powder of contrayerva should be given with the common powder of ipecacuanha, camphor, and opium, first mentioned ; and also an infusion of Virginian snake-root, camomile flowers, and cinnamon or ginger. Sometimes carbon, in the shape of powdered charcoal, was employed in the injections ; and often, when there was purging, this carbon was taken by the mouth. Every thing must be taken here warm ; and if there be nausea, it must also be in very small quantities at a time, even by teaspoonfuls. The bark beer may be given here, and brandy, and warm soup also, highly spiced, should not be forgotten. A cordial composed of essence of peppermint, compound tincture of lavander, and laudanum or paregoric, should be taken several times daily ; particularly when the strength or spirits at any time begin to fail. Frequent rinsing the mouth with cold water was very grateful to the patient ; but when swallowed, it chilled the stomach and occasioned vomiting ; as did all insipid drinks. In some cases, the taste was so much depraved, that the patient would drink clear high proof brandy with as much facility as pure water ; scarcely perceiving the difference.

4. When the *extremities* were affected by coldness, pain, or numbness, then stimulants in the way of friction were employed, (such as a decoction of pepper or mustard in spirit, tincture of cantharides, or an infusion of cantharides in vinegar.) The warm internal stimulants, &c. spoken of in the general treatment, will also be here applicable.

Biles and carbuncles should be treated with stimulant applications. A poultice of onions may be applied, or a plaister of flour and honey, and a little powdered myrrh, till the parts suppurate and discharge. Afterwards they may be daily washed with weak ley, and dressed with digestive ointment, or flour and honey. Zinc ointment also often succeeds, even better than the rhubarb and colomba root of Sir Everard Home.

Bark may now be given in substance. But the writer has found no medicine superior to Griffith's myrrh pills for convalescents. The following is the form taken from Dr.

North, who has a little varied the prescription of Dr. Griffith.

R. Pulv. Myrrhæ, ʒij.
Sulph. Ferri, ʒj.
Carb. Potassæ, ʒss.
Gum. Camph. grs. xvi.
Syrup. q. s.
make a mass, to be divided into 36 pills.

Three of these pills may be taken three times a day, drinking after each dose, a decoction of the cinchona, eleutheria, or angustura barks; or the colomba or quassia roots.

The rooms of the sick should be kept uniformly warm, but freely ventilated; and the bed and body linen changed as often as every other day.

No disease requires more careful nursing, and perhaps none is more liable to relapses. These happen not so much from indulging the appetite in eating; for a convalescent patient has seldom been known to be injured by taking beef or mutton steak, chicken, neat's tongue, ham, small fresh fish, &c. in due moderation; but from too early an exposure to cold or to fatigue. Severe relapses, when they do occur, are frequently dangerous, and often fatal; but are to be treated as new cases.

More than two thousand cases of this disease have been managed according to the method herein described; and after making every allowance for delay in calling for advice; improper remedies previously used; bad nursing; uncomfortable situations; the want of necessary supplies, and imprudence on the part of the patient, often occasioning relapse; the average number of deaths has not exceeded two and a half in a hundred.—The fever has generally run its course by the fourteenth day.—Many *violently* attacked were cured by the third day; particularly because in such cases there was no delay in calling for immediate advice, or neglect in following it.—Since the present year (1816) commenced, few or none but pneumonic cases have appeared; and these generally have been milder than heretofore. Since February last, the writer has attended upwards of two hundred and twenty patients in this form of the disease, of whom one only has died; and to him he was not called till after he got a relapse, from fatigue in walking out and taking cold. One only of this number, a man of robust and full habit, was once bled to the amount of eight or ten ounces; and this bleeding might have been safely omitted.

Before closing this paper, it may be remarked, however, as a general fact, that the disease as here described and treated, was once only observed by the writer on the seacoast; his residence as a practitioner confining him to the interior parts of the country, where both the *situation* and *winds* are dry and healthy.

II.

ON SANGUINARIA CANADENSIS.

By Daniel B. Smith.

Nat. ord. Papaveraceæ.
Lin. meth. Polyandria Monogynia.

Sanguinaria. *Cal.* 5-phyl.-deciduous. *Stigma*, sessile, 2-grooved. *Capsule*, superior, oblong, 1-celled, 2-valved, apex attenuated. *Receptacles*, 2, filiform, marginal.—*Nuttall.*

S. canadensis. Root tuberous, horizontal, giving out a reddish and very acrid lactescent sap. Leaves solitary, radical, reniform and lobed, scape naked, 1-flowered, sheathed at base, petals variable in number. April and May. Perennial.—*Nuttall.*

This beautiful species is one of the earliest flowering plants of North America, and expands its showy white petals along with the Hepatica *Triloba*, the Violas and the Epigea ***Repens***, beneath the first genial warmth of spring. It grows throughout the United States, and its favorite situation is the shady border of woods in a rich light soil. The root of the Sanguinaria is of a rich brown color, horizontal, abruptly terminated, fleshy, about the thickness of a finger, frequently twisted, and very juicy. It may be readily distinguished by the color of its juice, which is of a bright orange, and tinges woollen or silk of a deep and rather permanent yellowish red. The root is furnished with numerous slender radicles, and makes offsets from the side, which succeed to the old plant, and thus acquire the præmorse character that marks the species. The leaf and flower spring up together ; the folded leaf enveloping the scape and flower bud, and rolling back as the latter expands. The stem is simple, smooth, from six to twelve inches in height, and terminated by a single reniform or somewhat heart-shaped deeply lobed leaf. The leaf is smooth, of a deep green on the upper surface and pale or light bluish beneath, and strongly marked by veins, which are tinted with the orange-colored sap that pervades the whole plant.

The scape is one flowered, round and smooth. The calyx is two-leaved and falls off as soon as the flower opens ; its leaves are obtuse and ovate. There are usually eight petals, although they vary from that number to fourteen. The petals are spreading, ovate, obtuse and concave. The stamens are numerous, with yellow filaments, shorter than the corolla and orange-colored oblong anthers. The germ is oblong, compressed ; the stigma sessile, thick, two-furrowed or somewhat lobed, permanent. The capsule is oblong, sharp at both ends, two-valved. The seeds are numerous, round, deep, shining, red, somewhat pointed and having a white arilla.

The blood-root, as it is commonly called, from its most striking peculiarity, is termed Puccoon in the native Indian dialects. It is used as a dye by the Indians to stain their baskets, skins, &c.

Its taste is acrid and bitter, and leaves a strong sensation of heat in the mouth and throat.

Its medical properties are those of an acrid narcotic, acting in doses of from ten to twenty grains as a dangerous irritant, and emetic. The whole plant possesses active properties, although the root is the part which has been most carefully examined.

Dr. Dana, of the University of New York, instituted a set of experiments on this root in 1824, and succeeded in obtaining an alkaline substance from it, which is probably the active principle of the plant. This principle, which he calls *sanguinarina*, may be obtained by digesting the finely powdered root in absolute alcohol, and adding to the tincture a solution of ammonia, so long as it occasions any precipitate. A gray powder falls down, which is to be collected and boiled in water with some pure animal charcoal and the liquid then filtered. Alcohol is to be digested on the matter remaining on the filter, and afterwards evaporated to dryness. A white, pearly substance remains, having an acrid taste, rendering brown the yellow of turmeric, and changing the infusion of purple cabbage to a green. This substance is the sanguinarina. It is very sparingly soluble in water ; but is soluble in ether and very soluble in alcohol. With tincture of galls it affords a precipitate soluble in alcohol, but insoluble in ammonia. It combines with acids and forms salts, which all present some shade of red, crimson or scarlet, of great intensity and beauty. The salts are soluble in water and alcohol, and form red colored solutions of great beauty. The muriate and the acetate are peculiarly pungent and acrid. When the salts of sanguinarina, prepared with diluted acids, are decomposed by potassa, ammonia, lime or magnesia, the vegeto-alkali is obtained in an unaltered state. But, if the salt has been prepared with concentrated acid, the decomposition is not complete, but a dark purple precipitate is formed which appears to be a sub-salt.

The experiments of Dr. Dana have been so far repeated as to confirm his principal statements, of the characters of this new alkaline principle. The subject is one which merits further elucidation, and we wait with impatience for the publication of the researches of Dr. Augustus Hayes, who was engaged in these inquiries at the date of Dr. Dana's publication in 1827.

The medicinal properties of sanguinarina have been carefully investigated by Dr. Tully, an eminent practitioner of New Haven, Conn., who attributes to it the virtues of squill, seneca, digitalis, guaiacum, and ammoniacum.

The leaves are said by Dr. Downey to be in use by the farmers in Maryland, in diseases of horses, to make them sweat, and Dr. B. S. Barton says the seeds are violent narcotics, resembling those of stramonium in their properties.

The plant belongs to the natural order of papaveraceæ, and possesses the leading properties of that order.

The United States Pharmacopœia directs a tincture made with four ounces of the bruised root, to two pints of alcohol, the dose of which is a small teaspoonful.

Dr. Bigelow says, that many physicians prefer an infusion made with a drachm of the powder to a gill of water, a table spoonful of which is a dose.

It is said to form the principal ingredient in Rawson's bitters, which have gained much celebrity as a remedy in jaundice. The root loses much of its acrimony in drying, and should therefore be frequently renewed in the shops, where it has become a regular article of sale.

III.

ON TIC DOULOUREUX.

By Sir Henry Halford.

Among the Essays and Orations lately published by the distinguished Baronet, the first (not previously printed) is on Tic Douloureux, in which some peculiar doctrines are broached respecting the pathology, or rather the etiology of that terrible disease. The principal symptoms are enumerated in Sir Henry's usual elegant language, but these we may pass over. The experienced author believes that the milder forms of TIC, usually denominated neuralgiæ, and seated in various nerves of the body besides those of the fifth pair, generally depend on some derangement of the digestive organs, and usually give way to treatment directed to those sources; but the severe TIC of the trigemini does not yield to any particular treatment with which we are yet acquainted, though it may be mitigated by attention to the general health. That the seat of pain is not the seat of disease, is proved by the failure of attempts to cut off the communication of the suffering nerves with the brain.

"May I venture (says Sir H.) to throw out an opinion, founded on the observations with which my experience has furnished me, that the disease is connected with some preternatural growth of bone, or a deposition of bone in a part of the animal economy where it is not usually found, in a sound and healthy condition of it, or with a diseased bone ?

The following cases have occurred to me, and seem to give a degree of probability to this surmise ; and I throw it out for the consideration of the profession, in order that a number of facts may be collected from which a safe inference at length can be drawn.

I. A lady, forty years of age, suffered under the violent form of tic douloureux, at Brighton, notwithstanding the careful attention and skill of a very judicious physician there. On returning to town it was observed that the rending spasms, by which the disease is marked, were frequently preceded by an uneasiness in one particular tooth, which exhibited, however, no signs of unsoundness ; but the constancy of this symptom was enough to justify the extraction of the tooth in this instance (though the failure of this expedient to afford relief in general does not encourage recourse to the operation), and, on its being drawn, a large exostosis was observed at the root of the tooth ; and the lady never suffered more than very slight attacks, and those very seldom, afterwards.

II. The Duke of G. was attended by Dr. Baillie and myself for six weeks, under this disease, in its most marked and painful form, without deriving benefit from our prescriptions. At length we thought it best to advise him to repair to the sea-coast, in hopes of renovating his shattered system by taking bark there. After he had sojourned a month by the sea-side, a portion of bone exfoliated from the antrum Highmorianum, and the Duke recovered immediately, and has never suffered the disease since. The bone had been hurt probably by a fall from his horse which the Duke had met with some months before.

III. The late Earl of C. underwent martyrdom by this disease, and excited the warmest sympathy of his friends by the agonies he sustained for many years. He submitted to the operation for the division of several branches of the fifth pair of nerves repeatedly, by Sir Edward Home, and by Mr. Charles Bell, without obtaining more than mere temporary relief. At length he was seized with apoplexy, and lay insensible for some days, and in great peril from the attack, but finally recovered. After the apoplexy, the paroxysms of the tic douloureux became less frequent and less severe, and were administered to satisfactorily by an ingenious physician, who wrote his inaugural exercise on the disease. For the last year or two of his life his lordship had ceased to suffer from the tic, and died at an advanced age without any marked malady. His head was not examined after death, and therefore we are left to conjecture only what might have been the immediate cause of his former sufferings. Whilst I attended him he underwent repeated exfoliations of the alveolar processes of the teeth, which I thought occasioned his torment ; and to account for the cessation of the complaint, I supposed that these efforts to throw off diseased portions of bone might have ceased, or that the apoplexy had disqualified the nerves for suffering so exquisitely; but there might have been besides, as some later instances have made probable, disease in the bones of the head.

IV. The late Dr. P. fell a sacrifice to this dreadful disease, after sustaining its tortures, for some years, with a constancy which attracted all our pity and esteem, and died at last under apoplexy.

No assistance which the experience of any of us could afford him, gave him relief, or controlled the violence of the attacks. On examining his head after death, there was found an unusual thickness of the os frontis, where it had been sawn through above the frontal sinuses, and at its juncture with the parietal bones. There was discovered also in the falciform process of the dura mater, at a little distance from the crista galli, a small osseous substance, about three-eighths of an inch in length, rather less in breadth, and about a line in thickness. The vessels of the pia mater were turgid with blood, and about an ounce of fluid occupied the ventricles. I lamented that the frontal sinuses had not been examined, for I remember he replied to a question which I once put to him, as to his ever having experienced any suppuration within any bony cavity, that he had twice suffered suppuration in the frontal sinuses.

Dr. P. had submitted with great patience to a division of several branches of the fifth pair of nerves, under the judicious operation of Sir Astley Cooper, who, on my mentioning to him the notion I entertained of the cause of tic douloureux, was so obliging as to show me the skull of a person who had died of this disease in the country. The internal surface of the frontal bone is a perfect rock-work."

The foregoing cases fell under the immediate observation of the author. The following was communicated to him by a physician of eminence in the country. The patient was a lady advanced in life. At the age of 65 she was attacked with exquisite pain in the branches of the fifth pair of nerves, on the right cheek, nose, and temple, the tortures of which were unbearable. For nearly ten years the paroxysms continued to recur with more or less of intermission; and the operation of dividing the supra-orbital branch of the nerve was succeeded by an alleviation of pain during five months. They then returned. Various plans of treatment were employed; but with little success. Carbonate of iron and valerian gave most relief. Of the former she took *twenty-seven pounds*—a quantity that might have satisfied even our good friend Dr. Elliotson. Her intellect was unimpaired, and her general health did not appear affected. She was free from pain during the last six months of her life, which terminated in apoplexy.

"The head was opened after death, and an enormous thickening was observed of the frontal, ethmoidal, and sphenoidal bones, in one part to the extent of half an inch; and the anterior lobes of the brain were curiously moulded and indented by the thickened bone. There was thickening also of the whole of the cranium, but not to so great a degree any where as in the parts which have just been named."

The paper terminates with some observations on sympathy which we need not analyse. Sir Henry's observations offer a strong probability that ONE cause of severe neuralgic affections may be attributed to bony excrescences or osseous disease. But when we reflect on the immense mass of similar disease of bone, where no TIC DOULOUREUX is the result, we must still deplore the darkness in which we are placed respecting this terrible disease !—*Medico-Chir. Review.*

IV.

CASE OF ASCITES COMPLICATED WITH UMBILICAL HERNIA.

Communicated for the Boston Medical and Surgical Journal.

By JOHN C. HOWARD, M.D., Physician and Surgeon to the House of Industry at South Boston.

MRS. ROGOSKY, aged 46, entered the Hospital August 12th, when she was suffering from a cough, which seemed verging toward phthisis. In a few weeks she recovered, received her discharge, and went out to service. In about two months she returned in a very feeble condition ; in a few days, symptoms of ascites occurred, and, upon examination, evident fluctuation was perceived. The urine was very scanty, and the bowels constipated. In order to stimulate the kidneys to increased secretion, recourse was had to the oil of juniper (thirty drops three times a day in flaxseed tea), and powders of the supertart. potass and uva ursi. To relieve the costive state, mild drastics were resorted to, those of a more violent nature being inadmissible on account of the extreme debility of the patient. The urine was increased very much in quantity, and found to coagulate on exposure to moderate heat. The bowels were opened, and free and copious liquid dejections were the consequence of the purgatives. At this time she was very much relieved, and left the Hospital.

About the 1st of November, she again came under my charge, exhibiting the same symptoms, and by the administration of acetate of potass, oil of juniper, and strong purgatives, much relief was given. On the 16th of December, symptoms were very urgent, and drastics were again required, but, failing in their operation, were dispensed with. There was now great functional disturbance ; stomach excessively irritable, with perpetual nausea, and vomiting. Also, a hard and convulsive cough, causing severe pain, which was referred to the umbilicus, where the woman told me her bowels were coming out. To my surprise, upon examination, the intestines protruded, making a hernia of the size of a half pint tumbler. The symptoms consequent upon this hernia were as if it were strangulated, such as great distress and vomiting, and exceeding tenderness about the umbilical region. At this time, feeling the great urgency of the case, and finding the abdomen exceedingly tense and inelastic, respiration laborious, and vomiting distressing, and not being able, from the great tension of the parietes of the abdomen, to reduce the protruded intestines, it was thought best to operate, to relieve the pressing symptoms, as well as to enable me to reduce the strangulated hernia. On the 21st of December, she was tapped,* and eighteen quarts of a light yellow serum were drawn off. There was no fainting during the operation, and very general relief was the consequence. The protruded intestines were replaced, and a broad bandage kept them reduced. The irritability of the stomach subsided, the cough abated, the secretion of urine increased in quantity, and sanguine hopes were entertained of her recovery. In the course of a few days there was great prostration, and tonic stimulants were administered, and occasionally slight purgatives. This course was continued until Dec. 31st, when she died.

---

* Paracentesis was performed by making a vertical incision with a common lancet, and inserting a good sized female catheter —a method which I am inclined to prefer to the operation with trochar and canula. It has seemed to me, on seeing the operation often performed, and performing it myself several times, to be more readily effected by using the catheter;—this I attribute to its greater length admitting of

Post-Mortem Examination.

Jan. 1st. On opening the abdomen eight quarts of serous fluid were found effused in its cavity. The *stomach* was much smaller than natural, and corrugated,—a state attributable to the violent vomiting which preceded the paracentesis. The *liver* was completely disorganized, much granulated, of a straw color, and very easily torn,—in all probability the consequence of intemperance. *Kidneys*, much diseased,—that on the left side in a state of ulceration, and its ureter completely obliterated. *Intestines* and *peritoneum* were much inflamed. *Bladder* was small and in a state of ulceration, with very extensive adhesions to the uterus. The ovaries were encysted, diaphanous, and of a size equal to that of the uterus.

---

a freer and more extensive command. I never saw the operation performed with the trochar and canula where there did not seem to be a great deal of delay—the canula being often obstructed, so that the probe was very frequently resorted to. This objection does not exist with the catheter—the openings in which being in the side, the obstruction may not so often occur.

MEDICAL JOURNAL.

BOSTON, JANUARY 31, 1832.

SKETCHES OF THE HISTORY OF MEDICINE.

In his curative indications, it was the principle with Hippocrates to follow Nature herself, whom he regarded as the greatest of all physicians. He divided acute diseases into three stages, and made it his object to watch the natural efforts in each, to assist them when feeble, and to restrain them when excessive. He generally practised bloodletting in diseases of great intensity, provided the patient was young and robust. His principal intention in having recourse to this operation was, to diminish the irregularity of the febrile movements, and to accelerate the concoction. He therefore recommended its being practised in the first stage of the disease. In making choice of the vein for bleeding, he was guided by his own erroneous ideas in regard to the origin and distribution of the vessels. He ordered to open the internal vein of the arm in ischuria, and the basilic vein in pleurisy. He recommended bleeding in dropsy, provided the patient is young and plethoric, and the affection comes on in the spring.

Evacuations, according to Hippocrates, and especially those by the alimentary canal, should never be too abundant and powerful, lest they induce dangerous symptoms. He regarded thirst as an indication that the evacuation was sufficient, and recommended motion to favor the effect of cathartics.

His purgatives were almost all of a drastic quality, and of a nature to act violently on the system. In fact, those known in his time belonged almost exclusively to this class. Some of them were the same articles which were employed as emetics, but Hippocrates does not seem always to have administered them with the express design of either vomiting or purging. He regarded it as sufficient if they produced any evacuation. He ordered ass's milk when he wished to administer a gentle cathartic. He always favored expectoration by the employment of fomentations, and by abundance of drink prepared with oatmeal and acidulated with oxymel.

Most of the remedies he employed were obtained from the vegetable kingdom: with the exception of alum and of some preparations of copper, he employed only plants; for pharmacy, or the art of preparing compounds, was yet in its infancy in his time. To diminish, for example, the acrimony of the juice of sponge, it was poured drop by drop upon dried figs, and in this manner was obtained a very useful remedy in dropsy.

The art of surgery is indebted to Hippocrates for many new observations and several operations. He was, in fact, the inventor of the art of applying bandages. In all severe wounds he ordered rest, prescribed a severe regimen, and recommended to place the limb in a situation in which it should not be subjected to any constraint. He allowed the blood to run freely from large wounds, especially when they concerned the limbs and not the great cavities of the body. He rejected oils and all humid substances, but applied in certain cases emollient cataplasms. He attributed to heat great efficacy in the cure of wounds. He often administered emetics, especially in wounds of the head, of which he had remarked bilious vomiting to be a frequent consequence. He judged evacuants particularly necessary when a wound is complicated with erysipelas, of which gastric difficulty is the most frequent cause. He had observed that suppuration is inevitable when a wound results from the action of an obtuse body.

In his work on wounds of the head, we find indicated, with great care, the circumstances which demand the operation of trepanning. He employed for this purpose two different instruments, one of which corresponded to our trephine, the other more nearly to our common trepan. Before applying them, he raised the integuments and denuded the bone with a bistoury, which he employed for that purpose, in order to satisfy himself as to its condition. In the same book he observes, that the pain is often felt on the side opposite to that on which the wound has been received.

In case of fracture, he first made extension and counter extension; he then applied bandages and likewise splints, but not of sufficient tightness to compress the limb. Ten days after a fracture of the forearm, he recommended to the patient to wear a sling when he began to walk. He lays down also the lapse of time after which fractured parts ordinarily unite; but remarks, withal, that age, sex, and other circumstances, may hasten or retard the formation of the callus.

His observations on deformities of the feet deserve particular notice. He distinguishes several varieties of curvature both outward and inward, describes the parts with a considerable degree of accuracy, and proposes an apparatus for remedying these defects.

In fine, it is the great merit of Hippocrates, that he pointed out the path of observation, as the road to truth, and a judicious pursuance of the course marked out by nature as the best means both of preserving health and of curing disease. In fact, he anticipated the conclusion at which mankind were to arrive, after centuries of blind adherence to dogmas and theories. The particular rules which he enjoined are in many instances no longer applicable; his views of pathology were often erroneous from the very limited knowledge possessed in his time of the human structure. A blind adherence to these rules and an implicit adoption of this pathology at the present day, would be as much at variance with the spirit of his philosophy, as with the dictates of reason. The great principles which he adopted, and which guided all his inquiries, stand on an immutable basis; and it is in connection with these that the name of Hippocrates will be revered so long as medicine itself maintains its claim to the respect of mankind.

NEW MODE OF PREPARING MEDICINES WITH SUGAR.

By M. Beral.

At the meeting of the Royal Academy of Medicine, on the 9th of February, 1830, M. Guibourt made a report on a new mode of preparing remedies with sugar, by M. Beral, pharmaceutist of Paris. M. Beral first makes tinctures of the medicinal articles with alcohol and ether; these tinctures are afterwards poured upon sugar broken in small pieces, the alcohol or ether is then evaporated, and the medicinal principles which they had in solution remain with the sugar. M. Beral thus obtains a medicinal sugar, which may be granulated or powdered for use.

The committee regard these preparations as very useful, and consider them as possessing the following advantages: 1. They contain the medicinal principles isolated from the substances employed in their preparation; 2. The medical principles are separated from the stimulating articles in which they are dissolved; 3. They are soluble in water; 4. The doses can be determined with accuracy; 5. Many of the medicinal syrups, in which the dose of the medicine is not well known, may be replaced by the syrup saturated in determined proportions; 6. These preparations may be substituted for the oleum saccharum, used at present to give an aromatic flavor to many medicinal preparations.—*Journ. Gen. de Med.*

Trees furnishing the Cinchona.—From various investigations M. Dierbach, Professor at Heidelberg, has come to the following conclusions.

The best Cinchona comes from Peru and New Granada; the Brazilian barks are of less value, and those from Asia have not been sufficiently investigated. The most valuable species, and those richest in the alkaloids, are found in the most elevated and coldest of the tropical regions of the new world. The species which grow in low and warm situations in the same regions, furnish barks of much less power. The cinchonas of Peru are generally richest in *Cinchonia*, and those of New Granada in *Quinia*. Peru generally furnishes the brown and grey kinds; New Granada, the yellow and red. The species which contain the greatest proportion of alkalies have for the most part a hairy corolla of a red or violet color. Those on the contrary which contain but little of these constituents, generally have a smooth and white corolla. The smooth or hairy state of the leaves furnishes no certain indications.—*Bull. des Sciences.—From Geiger's Mag.*

To restore the Elasticity of a damaged Feather.—A feather, when damaged by crumpling, may be perfectly restored by the simple expedient of immersing it in hot water. The feather will thus completely recover its former elasticity, and look as well as it ever did. This fact was accidentally discovered by an amateur ornithologist of Manchester. Receiving, on one occasion, a case of South American birds, he found that the rarest specimen of it was spoilt, from having its tail rumpled in the packing. Whilst lamenting over this mishap, he let the bird fall from his hands into his coffee-cup; he now deemed it completely lost, but, to his agreeable surprise, he found, that after he had laid it by the fire to dry, the plumage of the tail became straight and unruffled, and a valuable specimen was added to his collection.

Power of Carbon to destroy the Bitterness of certain Bodies.—M. Duburga observed that charcoal destroyed the bitterness of a tincture of gentian root, whilst it had no action on that of the centaury; in consequence of which observation, Dr. Kopff made many experiments on different bitter substances, and found great varieties of action. Each experiment was made with two ounces of distilled water, twenty grains of bitter extract of the particular plant, and about sixty grains of the recently pulverized charcoal; they were digested at temperatures from 78° to 86° F., and examined at intervals, being compared with similar solutions without the charcoal.

Wormwood, centaury, gentian, quassia, were not changed; orange peel, camomile, yarrow, soapwort, and Iceland moss, lost all their bitterness. Endive, rhubarb, &c. &c. were nearly deprived of their bitterness. When animal charcoal, freed from phosphate of lime, &c. by digestion in muriatic acid, was used in place of vegetable charcoal, similar results were obtained.

ITEMS.

The committee of the Massachusetts House of Representatives, to whom was referred the subject of a general Vaccination, have reported the following resolves.

Resolved, That it is the duty of the Government, in all its Departments, both State and Municipal, to use all lawful means to effect a universal Vaccination of the citizens.

Resolved, That it be recommended to the several Towns and Districts, within this Commonwealth, to provide, by some permanent regulation, that no individual shall be received, as a pupil, into any of the Public Schools, within their respective precincts, unless he or she can produce satisfactory evidence of having been faithfully vaccinated.

Resolved, That the Secretary of the Commonwealth be directed to transmit a copy of these Resolutions to the Clerks of all the towns and districts in the State.

The bill to incorporate the Boston Lying-in-Hospital was passed to be engrossed in the House of Representatives. This bill limits the income of the Corporation from real estate, other than buildings occupied by the establishment, to $10.000; and its personal estate to $200,000. The company are authorized to alter the name of the Corporation, by inserting that of any benefactor of the institution who may hereafter give or bequeath to it the sum of $30,000.

The Massachusetts Charitable Fire Society have made a donation of two hundred dollars from their funds, to the Boston Dispensary. They could not have appropriated their money in any way in which it would better subserve the objects of true charity.

The Principal of the American Asylum for the Deaf and Dumb at Hartford, has recommended the admission of children into the Institution at the age of 12 years, instead of 14, as by its present regulations. The Governor of this Commonwealth, in his message advising this alteration, says that "So effectual has been the provision of the public charity to the means of educating the whole class of Deaf and Dumb within the Commonwealth, that for several years past no proper applicant has been denied the advantages of support and instruction at the Asylum; and after meeting every such occasion the last year, a sum exceeding $1,000 remained of the appropriation, to be transferred, under the authority of a Resolve of the Legislature, to another most interesting object of sympathy and beneficence, in the relief of the Blind. The whole number of pupils in the Asylum, at the charge of the State, is but thirty-six, while the appropriation of the Government is equal to the support of fifty-six. As the classes now in the course of education shall leave the Institution, the numbers will be gradually diminished, until there will be only the annual supply from births and the consequences of disease, to be provided for. These have been estimated, upon our present population, not to exceed fifteen. Should the Government still continue this act of enlightened munificence, increased and very necessary encouragement may be afforded to the measures which are already in operation for the establishment of an Infirmary for the Blind, until it shall thus come to be the singular honor and happiness of this favored Commonwealth that there is no destitution among us, but the want of intellect, which the means of Knowledge is not made to reach and to alleviate."

The following gentlemen have been elected officers, for the ensuing year, of the New-England Asylum for the Blind. Hon. Jonathan Phillips, *President;* Hon. William B. Calhoun, *Vice-President;* Richard D. Tucker, Esq., *Treasurer;* Charles H. Locke, *Secretary.*—*Trustees*, John D. Fisher, M.D.; Hon. Pliny Cutler; W. H. Prescott, Esq.; John Homans, M.D.; Sam'l. T. Armstrong, Edward Brooks, S. C. Phillips, and Abbot Lawrence, Esqrs.

The Rutland Vt. Herald states that a respectable colored man on attempting to shave himself, recently, found the razor move uncommonly easy, and ascertained that the beard all came out by the roots; and soon after his head became completely bald. He is said to have formerly had abundance of hair and a stiff beard, and to have had uninterrupted good health.

A young colored woman, of sound and strong constitution, after being out to religious services on Friday evening, went to bed with her *corsets* on, tightly laced. Early in the morning a woman who slept with her rose and asked her if she would get up:—she replied she would; but not coming down, the woman returned and found her dying.

A quarry of lime stone has been recently brought into notice at Barnardstown, in this State, from which lime of good quality has been manufactured.

At a special session of the City Council, an order passed, authorizing the Mayor and Aldermen to quarantine all vessels from ports infected with spasmodic Cholera. A quarantine was accordingly laid on all vessels coming from Sunderland or Newcastle, or from Smyrna, and the cargo of the brig Angelina, just arrived from the latter place, was ordered to be discharged at quarantine.

M. Magendie has been sent, by the French Government, to Sunderland, to make observations on the disease now prevailing at that place.

Whole number of deaths in Boston for the week ending January 20, 31. Males, 14—Females, 17.

Of influenza, 4—croup, 1—sudden, 1—scarlet fever, 6—old age, 1—consumption, 3—inflammation, 1—infantile, 2—lung fever, 2 apoplexy, 2—ulcer, 1—dropsy, 2—delirium tremens, 1—unknown, 4.

ADVERTISEMENTS.

MEDICAL BOOKS.

A PRACTICAL Formulary of the Parisian Hospitals, exhibiting the prescriptions employed by the Physicians and Surgeons of those establishments; with notices of the various Hospitals, and copious remarks upon the Medical Doctrines of the Practitioners who preside in them. By F. S. RATIER, M.D. Doctor in Medicine of the Faculty of Paris, and Corresponding Member of the Royal Medical Society of Bordeaux. Translated from the French, with Notes and Illustrations, by R. D. McLELLAN, M.D., Licentiate of the Royal College of Surgeons, London.

ALSO,—Magendie's Formulary, for the preparation and employment of the New Medicines,—such as Strychnine, Emetine, etc.—Translated from the French, with an Appendix, containing the experience of the British Practitioners with many of the new Remedies. By JOSEPH HOULTON, F.L.S., Member of the Royal College of Surgeons, London; Associate of the Medico-Botanical Society.

The American Editions of the above valuable works, in any quantity, as also the most popular of the medicines therein mentioned, are for sale at the store of the subscribers, who have for sale an extensive assortment of Surgical Instruments, Chemical Substances and Apparatus, at wholesale and retail, on satisfactory terms. SAM'L N. BREWER & BROTHERS,

Feb. 1. 6t. No.'s 90 & 92 Washington Street, Boston.

ENGLISH BOOKS.

JUST received, by CARTER & HENDEE, A Dictionary of Chemistry and Mineralogy, with their applications. By ANDREW URE, M.D. Fourth Edition, with Improvements.

A Manual of Analytical Chemistry. By HENRY ROSE. Translated from the German, by JOHN GRIFFIN.

Richerand's Elements of Physiology, fourth edition. With Notes and Appendix, by J. COPELAND, M.D. Second Edition.

A New Supplement to the Pharmacopœias of London, Edinburgh, Dublin and Paris, forming a complete Dispensatory and Conspectus; including the New French Medicines, and Poisons, with symptoms, treatment, and tests, &c. &c. By J. RENNIE, A.M. A.L.L. Second Edition, revised and enlarged.

Popular Lectures on the Study of Natural History and the Sciences, Vegetable Physiology, Zoology, the Animal and Vegetable Poisons, and on the Human Faculties, mental and corporeal—as delivered before the Isle of Wight Philosophical Society. By WILLIAM LEMPRIERE, M.D. Second Edition, to which have been added two Lectures on the Mammiferous Animals, as since read to the above Society. Jan. 17.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

Vol. V.] . TUESDAY, FEBRUARY 7, 1832. [No. 26.

I.

CONTAGIOUSNESS OF CHOLERA.

We shall show, as briefly as possible, first, that the causes assigned by the anti-contagionists for cholera are totally inadequate to explain it; and, secondly, that the specific objections urged against the contagious nature of cholera apply to diseases confessedly contagious, as smallpox. The following condensed summary from the Madras Report, and from M. de Jonnès' work, will prove that neither pestilential vapors, nor miasmus transported on the winds, nor excess of heat, nor humidity, nor excess or deficiency of electricity, nor, in short, any of those known physical agents which constitute the power of climate, will account for the propagation of cholera over the globe.

1. *Heat.*—The temperature of the countries under the tropics, in which it first appeared, is nearly equally intense in all years; nevertheless the malady has not existed in such countries from time immemorial. European and native armies have been exposed to every variation of climate in India, without meeting with the disastrous malady which nearly destroyed the forces under the Marquis of Hastings. Cholera reached places which, from their great elevation, might be said to be removed out of the sphere of a tropical climate. It attacked Catmandou, at the foot of the Himalaya mountains, situated eight thousand feet above the level of the sea. It overspread the villages on the table-land of Malwah, three thousand feet above the sea; Kandi, in Ceylon, upwards of two thousand feet; Erzeroum, in Armenia, seven thousand feet, or the elevation of the Hospice of Mount St. Gothard. In Russia, the malady spread as winter advanced, and attacked Moscow at the end of November, when the thermometer was 16° below zero, the rivers frozen, and the country covered with snow; the number of deaths in that city being sixty out of one hundred and eighteen daily seized. Heat, however, appears to favor the propagation of cholera. It arose in the torrid zone. It is most deadly in the hot season. It ceases in India, Persia, and Syria, at the approach of winter, and recommences in spring. The conjecture of Moreau de Jonnès, that the spread of cholera, in spite of the severities of a Russian winter, was favored by the stoves, is not improbable. Clarke mentions in his Travels, that the artificial heat of the stoves in Russia often causes asphyxia, and adds, that numbers are buried alive in this state, owing to the ignorance of the Russian practitioners.

2. *Humidity.*—It is not the effect of humidity arising from the evaporation of marshes, rivers, lakes, or seas; although the fact that it first showed itself in the delta of the Ganges might favor that hypothesis. There appears to be no connexion between the malady and the hydrometrical state of the atmosphere; for it has ravaged with equal intensity under the equator, where the quantity of rain is eighty inches, and under 60° of latitude, where it is one-fourth less, viz. eighteen inches. It has appeared in Asia, under the tropics, where the annual evaporation is seventy inches, and in Russia, where it is only twenty. It has attacked, with equal intensity, Muscat, situated in the neighborhood of immense deserts, and entirely deprived of water, except such as is procured from deep wells, and the towns in the alluvial delta of the Ganges. In short, it does not appear to depend on the neighborhood of lakes, rivers, and marshes, since it has attacked places two hundred leagues from the sea-shore, as Catmandou, and has overrun countries in which there are neither rivers, rivulets, marshes, stagnant waters, nor forests, as the peninsula of Arabia.

3. *Vapor.*—Cholera is not caused by a vapor, or an infected portion of the atmosphere, carried along with the winds. Certain winds, at certain seasons, blowing over the Pontine marshes, and carrying a deleterious principle with them, might have suggested this hypothesis. The Arabians and Syrians, seeing the healthy and strong suddenly fall down as if struck by the samiel, or desert wind, thought cholera depended on a pestilential wind also. If the propagation of the cholera was owing to the diffusion of some deleterious principle by means of currents of air, that principle would be diffused with rapidity, and in the direction of the wind which transported it, and large masses of people would be almost simultaneously attacked, and the population of villages, towns, and districts, would suffer indiscriminately. But the history of the malady proves that it advances, step by step, slowly. It took a year to traverse the peninsula of India; three to pass the Persian Gulf; three to reach the Mediterranean and Caspian Seas.

If it depended for its translation from place to place on the wind, it would not proceed against the wind, and yet the cholera was proceeding in opposite directions at the same time. It departed from the delta of the Ganges, south-east to the Moluccas, and south-west to the Mauritius—to China in the east, and the shores of the Caspian on the west. Such an extended stratum of infected air must speedily have enveloped the whole globe; nevertheless when Aleppo, Antioch, and the other towns on the Mediterranean were attacked, the island of Cyprus, only thirty leagues off, escaped. The malady has proceeded in the face of the monsoons.

4. *Electricity.*—Some alteration in the excess or deficiency of this powerful physical agent has also been put forth, as the probable cause of the malady. If this hypothesis were well founded, some connexion would have been found between the malady and the laws which regulate the distribution of the electric fluid, according to seasons, latitudes and elevations. But cholera has appeared in July as well as December—in the equator and near the north pole—at the level of the ocean and on elevated mountains. The well known inequalities and ir-

regularities of the cholera in certain districts, towns, encampments, and even houses, appear not less unfavorable to this theory. It can scarcely be presumed that so general a poison of the atmosphere should ever, or at least so often, exert such *partiality* of influence.

The disease has raged under every sensible condition of the weather; and, in fact, a great number of the attacks have taken place when the sky was clear and serene, and where every appearance indicated an undisturbed state of the electric fluid. If, finally, a deficiency of electricity be the true and sole proximate cause of cholera, it seems objectionable to limit its influence to epidemic attacks; for each individual case, whether sporadic or epidemic, must be equally the effect of this proximate cause. Sporadic cases have, however, been too numerous and too uniform in their occurrence for some years past, to warrant the conclusion that they are connected with any particular state of the electricity of the atmosphere.

5. *Influence of the Atmosphere.*— "By a reference," says Scott, "to the meteorical tables, it will be seen that the mean altitudes of the barometer and thermometer never differ, in a degree at all important, one year with another, from 1815 to 1821. In 1817 the disease did not appear. In 1818 it appeared in the most northern parts. In some places the weather was then wet; in others dry. In some the usual periodical rains were prevailing. It progressed in all situations; and it had not extended to the southernmost points till 1819, when the irregularities of the preceding seasons might be concluded to have lost their effects. After the seasons have been restored to their wonted regulations, and, more latterly, after a completely opposite state to that of 1818 has prevailed, to wit, a season of unwonted drought, owing to the failure of the rains of the north-east monsoon, cholera has still unhappily continued to prevail; sporadically in all parts, and, in the instances of many marching troops, epidemically, and with much severity and mortality. If the irregularity of the seasons in 1817 and 1818, therefore, have given rise to cholera, we apprehend it can only be in an indirect, and, to us, unknown manner; and its continuance, after having once originated epidemically, appears to be unconnected in the main with any sensible state of the weather."

6. *Want of Cleanliness*—has been said to have given rise to cholera, from its being observed to be most fatal amongst the lower orders of people. There is no doubt that filth favors both the intensity and the propagation of the malady, but it cannot be looked on as originating it. The cholera began in a country where the climate renders frequent ablution a pleasure, while religion enjoins it as a duty; and it has attacked the palaces of princes, and an English camp which may vie with these in cleanliness, equally with the filthiest habitations of the Tartar or the Polish Jew.

7. *Crowded Population.*—The Indian cities do not contain so dense a population as the European ones. The former cover larger spaces in proportion to the number of their inhabitants than the latter; each family has a separate residence, and the number of gardens is equal to the houses. The malady has not spared thinly inhabited countries; it has spread equally on the Caucasus where there are but eight individuals to the square league, and in Hindostan where there are one thousand two hundred. In India, Russia, and Persia, of cities under precisely the same circumstances of climate, laws, population

and customs, some have been attacked, while others have remained exempt. Damascus and Jerusalem escaped in 1823, while Antioch and Aleppo were ravaged. Sarepta continued uninfected, while the rest of the towns on the Wolga suffered.

8. *Food.*—It is scarcely necessary to notice this topic—different nations, living on various kinds of food, have been equally attacked : the rich, who know not want, and the poor, who know not plenty, are equally the victims of cholera.

9. *Sol-Lunar Influence.*—Scott has taken great pains to show, that Mr. Orton's speculations on this head are worthless. By a curious diagram which he has constructed, he contrives to arrange nearly eight thousand hospital cases of cholera, and one hundred and twenty epidemic attacks of that disease in different stations, so that each day in a lunar month has its mortality marked opposite to it. The bare inspection of the diagram shows that cholera is not affected by sol-lunar influence, either in individual cases, or in epidemic attacks.

While we are endeavoring to prove that none of the foregoing causes originate cholera, we by no means contend that they do not influence the march of the disease ; on the contrary, the whole of our narrative abounds in facts which assert their power. We simply mean to affirm, that as the action of heat, electricity, climate, &c. is general, so it will never explain the facts which indicate the *partial* prevalence of the cholera—in a town to the exclusion of a suburb, in a suburb to the exclusion of a street,—in a street to the exclusion of a house.

Surely this ought to be sufficient. But no—the same objections which were made in the time of Justinian, when a pestilence depopulated the earth, have been repeated and refuted, whenever mankind were the victims of a similar calamity. "The fellow-citizens of Procopius," says Gibbon, cap. 43, "were satisfied by short and partial experience, that the infection could not be gained by the closest conversation." "Mead proves (he adds in a note) that the plague was contagious, from Thucydides, Lucretius, Aristotle, Galen, and common experience, and he refutes the contrary opinion of the French physicians who visited Marseilles in the year 1720 ; yet these were the recent and enlightened spectators of a plague which, in a few months, swept away fifty thousand inhabitants of a city that, in the present hour of prosperity, contains no more than ninety thousand souls." Our *recent and enlightened* spectators are re-echoing, almost in the same terms used by their French brethren in 1720, the same absurdities, and exhibiting the same blindness — *e. g.*

"The habitudes of the disease (says Dr. Jamieson, the compiler of the Bengal Report) proved the cholera not to be contagious : it ran a regular course of increase, maturity, decay, and extinction. If the virus is capable of reproducing itself through the medium of effluvia, or secretions of individuals already affected, it must have gone on augmenting until it either had no longer subjects upon whom to exercise itself, or was counteracted by some means more powerful than itself. Such, at least, is the course commonly pursued by those great scourges—the smallpox and plague." *Bengal Report*, p. 127.

Such is not the course pursued by the great scourges—plague and smallpox, nor, indeed, by any other contagious epidemic whatever. It is manifest, that if these had gone on augmenting in the way this author insists they should, mankind would have been swept from the earth long ago. On the contrary, it is impossible to open a book containing details of plague, smallpox, scarlet fever, or measles, without finding that there is a regular course of increase, maturity, and extinction traceable in each when epidemic. The plague of London, 1665, began in a family at Westminster, increased gradually, was apparently extinguished in winter, and revived the next spring. That of Marseilles at first broke out among a few porters, from whom the infection spread. The first seven chapters of Russell, which contain the history of different irruptions of the plague in different places, are full of facts in direct contradiction to Dr. Jamieson's assertion. Sydenham, who saw the plague of 1665, and who lived before inoculation was practised, describes smallpox as at one time rarely appearing, or not at all; then beginning to show itself at the approach of the vernal equinox, spreading more and more every day, becoming epidemic about autumn, abating on the coming of winter, and returning again in the spring. The measles of 1670, says the same physician, began very early, that is, at the beginning of January, and, increasing daily, came to their height at March; afterwards they gradually decreased, and were extinguished in the following July.

Not only is there a similarity in the general course of cholera and that of the known contagious diseases, as smallpox and plague, but there is a most striking parallelism extending even into their details. There is the same capriciousness exhibited in the selection of their victims; they spread in one part of a town and not in another—commit the greatest ravages in one village, and neglect, or slightly visit, its immediate neighbor. "At some periods the smallpox and plague carry off hundreds; at others, children, whom we inoculated," says Dr. Odier, talking of smallpox, "have gone out every day, even after the eruption had broken out; they have been in the streets and public walks; they have communicated freely with other children susceptible of the infection, and not only the smallpox did not spread, but there did not occur, to my knowledge, any distinct instance of communication of the disease from one individual to another in the streets or promenades." Captain Graunt, in his observations on the Bills of Mortality, notices the great irregularities or "sudden skips which the plague hath made, leaping, in one week, from one hundred and eighteen to nine hundred and twenty-seven, and back again from nine hundred and ninety-three to two hundred and fifty-eight, and from thence again the very next week to eight hundred and fifty-two."—*Vide Birch's Bills of Mortality from* 1657 *to* 1758. Russell has accumulated a variety of facts which prove that the plague is less contagious at one time than another, and that commerce with infected places may subsist without ill consequence in the absence of that state of air, which, in our absolute ignorance of the exact laws of contagious disease, we call pestilential or epidemic constitution of the atmosphere.

After the instances of exemption from infection which are contained in Haygarth's narrative of a disease confessedly as deadly as the worst pestilences which have desolated the earth, it will scarcely be necessary to notice the main argument urged in favor of the non-contagious nature of cholera, namely, that numbers who frequent the sick escape entirely. "The negative proof," says Dr. Macmichael, in his ingenious pamphlet, "however numerous, ought not to be put in the scale against the positive instances of contagion." p. 28. No, truly. What should we think of those who, having escaped the carnage of the battle of Waterloo, attributed their own immunity to the innocuousness of musquetry? We were in the midst of the fire, they might say, ran all the same risks as those who fell;—had bullets been dangerous, and the cause of death, why were we not killed? In every irruption of plague this species of reasoning has, however, been resorted to. The escape of M. Didier, and several medical men, during its prevalence in Marseilles, was looked on by them as proving that plague was not contagious; but a more curious step of this process of reasoning yet remains. "Had the cholera been contagious, (we are told,) those who were in the most intimate converse with the sick must have caught it; but as they did not, therefore the disease is owing to some pestiferous alteration of the air." We may fairly ask, by what miracle any escape from the action of a cause which is always in operation. Whether sleeping or waking, inclosed in houses, or exposed under the heavens, this poisonous atmosphere we know must be inhaled, by all persons within its range, at least twenty times in every minute. To reject the doctrine of contagion as difficult, in order to adopt the one just stated, appears to us very like straining at the gnat and swallowing the camel.

"When the India practitioners," says Dr. Macmichael, "saw a formidable disease spreading around them, they might have assumed, in the first instance, for greater security, that it was contagious. Had they instantly separated the sick from the healthy, and immediately endeavored to ascertain all the facts connected with the intercourse that had taken place between those who were first taken ill, and those who appeared to catch the disorder from them, they would probably have discovered the mode by which cholera was propagated, and perhaps we might not now have to dread the approach of that fatal pestilence to our own shores. If indeed, after all these prudent measures and anxious inquiries, it had turned out that no cure, no means of prevention which the mind of man could employ or suggest, were available, then indeed the desperate and desponding conclusion might at length have been adopted, that all human aid was vain." p. 31.

Not a single precautionary step seems to have been taken, because not one could be deemed necessary by the medical officers of Bengal, "who concurred without a dissentient voice, in declaring that cholera was not contagious." (Bengal Report.) Whether it was possible to have arrested the malady at first, as surely in the immense territories of British India as in the Isle de Bourbon, we will not hazard an opinion; but that the mortality might have been diminished, we have no hesitation in affirming; and what a frightful picture does that mortality exhibit! Up to May, 1831, we know of six hundred and fifty-six irruptions of cholera in Asia and Europe. Of course, many of those in remote and barbarous quarters of the globe are not included here. M. de Jonnès believes that this calculation is about one half less than the true number. In the fourteen years in which the cholera has raged, one-sixth of the inhabitants of India have been carried off; one-third of those dwelling in the towns of Arabia; one-sixth of those of the same class in Persia; in Mesopotamia, one-fourth; in Armenia, a fifth; in Syria, a tenth; in Russia, a twentieth of the population of the infected provinces, up to May,—and there the malady has since made fresh progress, and carried off more victims. In India, as the disease has existed the whole of the fourteen years, M. de Jonnès calculates the mortality at two and a half millions annually, which would give a total of about thirty-six millions; in order, however, to understate, he reduces the number to eighteen millions for Indostan, and taking the mortality for the rest of the world, from China to Warsaw, to amount to about thirty-six millions, arrives at the conclusion, that fifty millions of our race have perished in fourteen years of a disease which, in 1817, existed only in a few spots of the presidency of Bengal.

We have stated our conviction, that this dreadful mortality has been occasioned by a poison imbibed by the healthy and generated by the sick, that it has not been caused by some pernicious change in the atmosphere. Of the two hypotheses, if both were countenanced by an equal number of facts, still that of contagion should be preferred, not only on grounds of prudence, but on the score of humanity. What harm can come of taking up the contagious theory?—but if it were to be generally believed, in right earnest, that the ravages of the malady depend on the presence of a poisonous wind, whom could we expect to encounter the withering blasts of this worse than Simoon or Harmattan? There would be no safety nor refuge, and all the motives which lead us to discharge the sacred duties of humanity, would languish and expire. Let us adhere to the safer, as well as more consolatory doctrine, until it is *proved to be false*. Let those who are enabled, take the advice of Franklin, and leave an infected spot "as soon as they can, go as far as they can, and stay away as long as they can." By this means fewer victims are offered for the ravages of the malady. Let those who cannot move, adopt the most rigid rules of quarantine in their houses until the epidemic ceases, and they will not be less safe than the French consuls were in Syria or the sagacious Moravians of Sarepta. In all other contagious diseases the poisonous exhalations extend to very small distances from the sick, so that medicines may be administered and the ordinary attentions bestowed with less danger than is supposed. The history of contagious epidemics proves, that a large volume of atmosphere is never tainted, and that the notion of a town or village being enveloped in pestilential vapors is a vulgar error. Dr. Russell is of opinion, that the morbific exhalations of plague patients do not taint the atmosphere at any great distance, and are soon rendered innocuous. We know that the distance at which smallpox exhalations are dangerous is very circumscribed. The three great disinfectants are cold, time, and ventilation. The first appears to have invariably mitigated plague, smallpox, and cholera; the germs of these maladies decay or undergo decomposition in time; and ventilation dilutes morbific exhalations as surely as water does hemlock.

These general observations apply very strictly to cholera. While the numerous cases of death from infection prove the deadly nature of the morbific matter, the great number of exemptions under circumstances of close intimacy with the infected, show either that it speedily becomes innocuous, or that it requires a concurrence of many things to produce its effects.

We have endeavored to convey to the reader the impressions which the various documents on our table have left on ourselves ;—we have neither sought to exaggerate the horrors of the picture, nor to conceal them. The public mind ought to be roused to meet an impending danger with energy. The magnitude of the evil requires not only the vigilance of government, but of every individual. The ignorance, the folly, the cupidity, and the carelessness of mankind, are all arraigned against their safety, which perhaps not even the candid exhibition of the whole truth may secure. Should all prove vain, and the difficulties of enforcing quarantine regulations on our coasts be found insurmountable, the evil must be counteracted, not by national despondency or despair, but by prompt and decisive means.

II.

TOBACCO ENEMATA IN ILEUS.—CASE OF TRIPLETS.

Communicated for the Boston Medical and Surgical Journal.

By Denison H. Hubbard, M.D.

Mr. Editor,—I transmit to you the following cases, which if you deem calculated to promote the object for which your Journal is published, you are at liberty to use.

The first case, "*Colica Ileus*," is related more especially to evince the utility of enemas of "*Nicotiana Tobacum*," as a last resort in this distressing and troublesome complaint.

Mr. J. J. G. aged about 30, sanguine temperament, addicted to habits of intemperance, was seized, January 4th, with severe pain in epigastrium. Has chills alternated with hot flushes ; pulse full and about 85. He had made use for some time of large daily potations of spirits, and had one or two daily evacuations of a clayey aspect for nearly a week. A vein was immediately opened and about 14 oz. of blood abstracted ; a cathartic of calomel administered—fomentations applied to the bowels, and draughts to the feet.

5th. Has had no evacuation from the bowels ; pain continues severe ; pulse frequent ; tongue coated ; skin rather above the natural temperature. P. M.—6 grs. calomel, 1 of opium, prescribed every six hours. Epispastic to the epigastrium, enema communis between each pill.

6th. No better ; symptoms as yesterday, except has less pain. Continue the prescription.

7th. Has had three copious evacuations ; pain subsided ; pulse soft and natural. Ordered the bowels to be kept soluble by elix. proprietatis with aromatics.

The patient continued to convalesce until the 9th, when he overate, took cold, and soon a return of the symptoms ensued, with an excessive irritability of the stomach, which caused a continual effort to vomit. Is unable to retain food or medicines ; has considerable febrile excitement. Tr. and pill of opium both rejected. Enema communis, fomentations, hot blocks, &c. were used without effect. Common enamas being discharged by mouth, anodyne ones composed of laudanum 100 minims in a gill of starch solution were ordered. Some truce was gained in symptoms for a short time; these however were soon dissipated, and vomiting, with severe pains, ensued. Chicken broth, crust coffee, emetics, mustard cataplasms, opiates, pepper tea, &c. were all used, without any lasting benefit. In the mean time several enemas of laudanum, containing from 100 to 200 gtt. each, were used, and as often rejected.

Warm baths, tobacco cataplasms, proving alike unsuccessful, I determined to try the effect of tobacco enemas, and accordingly one containing ʒi. of tobacco in decoction was used, which soon eased the pain, checked the vomiting, and sunk the pulse almost to extinction. A cold clammy sweat came on, and the patient seemed rapidly sinking into the arms of *death.* Diffusible stimulants, with frictions of peppered brandy, were immediately resorted to, which gradually restored the patient, who by this means was rendered tolerably comfortable for two or three hours; when all the symptoms were again aroused with (if possible) redoubled fury. Other means failing, another tobacco enema was used, which had the effect of the first, except that it sank the pulse lower, and even rendered it imperceptible for some moments. The stimulating practice, crowded to the utmost extent, with external excitants, aroused the system again, after a considerable length of time. But by the use of external stimulants and anodynes, laudanum enemas, epispastics, &c. the patient was gradually restored to his usual health.

It may be proper to mention that this patient had for a long time been accustomed to the use of tobacco, which was not, it seems, any warrant against the prostrating influence of the article when applied to a portion of the membrane unaccustomed to its influence.

This article has often been used as an enema by a neighboring practitioner to destroy ascarides, without exhibiting any of its prostrating effects. It would, judging à priori, be concluded that strong vigorous men, especially those accustomed to its use, would be the best calculated to endure its influence with impunity. We know that, like several other articles of the materia medica, tobacco is very ununiform in its modus operandi, and probably on that account will not come for the present into general use. I have long been accustomed to view tobacco as unsafe, well remembering that its prostrating effects have in some cases of hernia been carried beyond restoration; but in the case related, it seemed to be the only article that offered much prospect of success. Whether the cases where tobacco has produced analogous effects to the abovementioned were inebriates, or whether they are more likely to experience depressing effects than those of temperate habits, I am unable to say. Children, it is well known, have borne with impunity ʒij. of this article by enema in form of decoction. I have ever been accustomed to begin with small doses, and gradually increase them if necessary; but in no case have I ever witnessed its depressing effects to so great an extent as in the one related.

I will also, Mr. Editor, relate for your consideration, and publication if thought proper, a case of *Triplets* which occurred in my practice March 31st, 1831.

Mrs. E. M. of healthy constitution, in her fourth labor, had pains regular and expulsive, which soon brought into the world a healthy boy. Pains continued almost without abatement, and while separating the child from the mother, gave exit to a second boy, which appeared strong and lively. Pains continued severe ; and in ten minutes' time a third was born dead, and from appearance of child and cord might have been dead some days. Two placentas were thrown off in a few minutes. The whole labor was concluded in less than two hours from its accession. No untoward symptoms occurred during gestation, except what would naturally originate from a voluminous abdomen ; in consequence of which she was obliged to keep her bed for the most part, as an erect posture would cause troublesome faintness, and excessive pain in back, loins and hips. But for the two last months of gestation these symptoms were greatly obviated by use of drawers (as recommended by Dr. Dewees) to support the abdomen ; by means of which the patient has been able to transact her domestic concerns without much inconvenience until near the close of utero-gestation. The united weight of the three boys was 18 lbs. Two of them are now alive and healthy.

Glastenbury, Ct. Jan. 27, 1832.

III.

CASE OF FUNGUS CEREBRI.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Please to insert the following case of Fungus Cerebri, if it is deemed worthy of a place in your useful Journal.

A few years ago I was called to a lad, who had fallen sixteen feet from a tree upon a very rough stone, thereby fracturing the right parietal bone, near the coronal suture, and nearer the sagittal suture than the squamous. After the bone was denuded and several pieces removed, it was discovered that a small sharp piece of bone had perforated both dura and pia mater, and also had penetrated more than an inch into the cerebrum. Through this small orifice, more than a tablespoonful of brain exuded on the stone, where he was found, and in the space of two days nearly double that quantity. About a week after the accident occurred, a fungus arose by small degrees to the size of a goose egg, and appeared obviously attached to the brain. This continued to discharge a thin, limpid, and sometimes greenish sanies, for some time ; and at its greatest profusion, for four days in succession, more than three pints a day. For three weeks, his pulse was from one hundred and ten to one hundred and twenty in a minute, very feeble, tremulous and weak. His sight very much impaired ; for weeks saw nothing distinctly ; the eyes exhibiting a dull glossy appearance, with dilated pupils. Organ of hearing so much affected, as to know but little that was said to him. Frequent syncope, with great pain and prostration of strength. A fortnight elapsed before the wound exhibited any appearance of healing. Finally every person who saw him thought, for days in succession, that every day would be his last.

The treatment was as follows :—Wound being washed clean, with tepid milk and water, was dressed twice a day, during its greatest discharge, with common digestive ointment, composed of sixteen parts lard, four resin, and four yellow wax. This ointment was continued, with few exceptions, through the whole process of healing the wound. Soon after the fungus appeared, hydrar. nit. rub. was applied, and the portion destroyed yesterday was cut off to-day. In this way I continued the dressings a few days, and found the discharge lessening, but the fungus increasing. The sulph. cupri was substituted for the hydrar. nit. rub. and instead of milk and water a very strong decoction of white oak bark; and after a few days, nut galls were used, and the desired effect obtained. The discharge and fungus were immediately restrained, and lessened daily. The weather being extremely warm, the wound had become very offensive, prior to the application of the sulph. cupri and white oak bark. Shortly after the last-named dressings had been applied, the whole wound assumed a more healthy appearance; the cadaverous stench was immediately removed; and instead of ill-conditioned sanies, a laudable and well-digested pus was seen. During two or three days after the accident, he was affected by a slight fever, to obviate which the antiphlogistic plan was pursued. After this slight fever had nearly left him, the bark, wine, cordials, and nourishment, were administered, as he could bear them. In seven weeks from the commencement, the wound entirely healed, and has remained so to the present time.

One circumstance is worthy of remark; two of the bones removed were of the size of a half dollar, besides several smaller pieces. Those vacant places are now almost entirely closed, and smooth, with very little depression. He has now arrived at manhood, and rather above the common stature of men, and has enjoyed, with few exceptions, uninterrupted health; possessing a pleasant disposition, a sound judgment, and on a par with young men of his age for retentive faculties.

Comparing the above case with others of a like kind, which have been treated differently, and often terminated fatally, I am induced to believe that Fungus Cerebri can be cured with more safety, and less exhaustion to the patient from loss of blood, by following the desiccative plan, rather than excision at once by the knife.

Respectfully yours,

BENJAMIN W. HILDRETH.

Marlborough, Feb. 1, 1832.

MEDICAL JOURNAL.

BOSTON, FEBRUARY 7, 1832.

AT the termination of the Fifth Volume of this Journal, we have to offer our regards to those of the Faculty who have sustained, by their subscription, the expenses of the work—and contributed, by their communications, to make its contents interesting and useful to the profession. A continuance of patronage in both these departments, will not be more lightly valued in future, or repaid less fully or cheerfully than in years past.

A few slight alterations, which are regarded as improvements, in the form and execution of the Journal, will be noticed in the next number. Our sources of information are augmenting, and we are happy to see that the Original Department is increasing; many more communications, from the Faculty in this country, have been published in the volume now closed than in any previous one, and the promise of a continuance and increase of such favors leads us to hope that the next will be still more replete with the experience of the American Faculty.

In the general plan of the work no important change is in contemplation, although pharmaceutical chemistry may occupy more space than it has done hitherto. The selections from foreign and domestic periodicals will still consist of articles possessing a practical value. The original essays, cases, &c. will probably as above mentioned be more numerous than heretofore. The editor will allow no subject of medical intelligence, that can interest the reader, to pass unnoticed; and the whole work will be conducted with perfect independence, and wholly without the influence of any set of men or any particular institution whatever.

The great and in fact the sole objects of this Journal have been to aid in the promotion of good fellowship and in the diffusion of medical intelligence among the Faculty. In the plain, undeviating pursuit of these objects, we have found it necessary to refuse admission to one or two communications containing personal attacks on distinguished members of the Faculty, and to one or two others containing similar allusions to Physicians, to whose names we were total strangers, but who, being members of the profession, were no less entitled to our respect. Regarding the objects above mentioned as the most important we can pursue, in a work like this, and the course hitherto taken as the most dignified and proper, as well as most agreeable to our own inclinations, no change whatever will be made in the principle on which the admission or rejection of articles has been regulated. As we claim a freedom of opinion and of action for ourselves, we would cheerfully acknowledge a like claim for others; and if there are those who deem it wise that personalities should be printed and the profession divided into parties at open warfare, we prefer that pieces having this tendency should be presented to the Faculty in other pages than ours. But we cannot withhold the expression of our own conviction that the practitioners of the healing art have at all times, and especially at the present, far higher and nobler objects for their exertions.

The vast importance of the *earliest possible* information respecting the march and mode of arresting that appalling malady which already has its foot on the shores of Britain, and its eye on our happy land, gives a more than ordinary value to a *weekly* periodical like ours. On this ground alone, we are persuaded that, with all its faults, no practising physician should be without it. This subject is one of absorbing interest. The spread of the disease is slow but sure. A few weeks ago we heard of five cases in the small town of Sunderland. To-day we have accounts of more that 500 cases in that town within less than eight weeks. More than 100 have occurred at Newcastle, and several at Shields and at some of the coal mines. We hope much from the enterprise and intelligence of the Faculty in England; and we trust that before we are visited by this scourge, some mode will be found out in that country, if not of curing the disease, certainly of mitigating its violence and diminishing the amount of its fatality. With this expectation we shall keep an eye steadily on the progress of events abroad, and lose no time in placing in the possession of our readers the earliest notice of any important discovery respecting the treatment of the cholera. Whether the disease is contagious or not, is still a question with many. It admits, however, of no question that it may in some way or other be communicated by commercial intercourse, and that a wise and rigorous system of quarantine is of the utmost importance to the safety of our citizens. On this subject we refer the reader to the written opinions of Drs. Russell and Barry in another part of this number. We are happy to add that an investigation of this whole subject is proposed by the Counsellors of the Massachusetts Medical Society, some details of whose proceedings we shall present the reader in the course of a few weeks.

TERM OF UTERO GESTATION IN THE INFERIOR ANIMALS.

The limits of this term are more indefinite among quadrupeds, than in the human species, and its variations appear to depend neither on the age, constitution, or health of either of the parents, on the race to which they belong, on the diet and regimen which they may have pursued, on the sex or size of the fœtus, the season of the year, or any other of the causes which from time to time have been assigned by different individuals. So far as the causes of this diversity are concerned, we are compelled still to believe that they have eluded the research of every investigator.

A member of the French Institute has made numerous observations on the degree of the variation of this period in several animals, and as he has kept a regular record for 40 years, of every case which has fallen under his own eye, or been reported to him by good authority, his results are entitled to confidence. His observations have been on 577 cows, 447 mares, 912 sheep, 161 rabbits, 25 sows, 8 buffaloes, 4 dogs, and 2 asses.

The cows, whose usual term is a few days longer than nine months, were found to vary in the period of gestation from 8 months, to 10 months and 21 days,—making a difference between the longest and shortest term, of 81 days. The buffaloes varied from 10 months to 12.

The ordinary period of mares being a few days longer than 11 months, some were found to delay their foaling till after the 14th month, the greatest variation between the periods of different individuals of this species being 132 days. Delays with this class of animals were much more frequent than with cows; and the same proved true of the asses, who went from the 13th month to the 15th. Sows varied from the 3d month to the 5th.

The sheep varied in their period but 11 days; the most frequent aberration being a prematurity to their natural term, which is 5 months.

The dogs, whose period is 2 months, varied but 4 days, and in the rabbits, whose natural term is one month, the variation was 8 days.

To our friends in the country, this information may be useful.

OPINION OF DRS. BARRY AND RUSSELL ON THE COMMUNICABILITY OF CHOLERA.

In consequence of the indefinite ideas existing in the minds of many of the Faculty, respecting the opinion of Drs. Barry and Russell on cholera, we copy from the London Medical Gazette the following notice, to which their signatures are attached, and in which the whole matter of communicability appears to be summed up in few words. These two gentlemen, acting under the most solemn responsibilities, have investigated the subject with great apparent impartiality, and their opinion on this subject is unquestionably entitled to more weight than that of any other two medical men in any quarter of the globe. It appears to us that if the disease can, in any way, be communicated by emanations from the *contents* of vessels from infected ports, it ought to be regarded as communicable by merchandise as well as persons—and that the discharge of such "contents" *at our wharves*, would, in some measure at least, endanger the lives of our citizens. But here is the document itself, from the Gazette.

Drs. Russell and Barry on Cholera.

The above-named gentlemen, when at Calais, made a memorandum of the conclusions at which they had arrived, on a mature consideration of all they had witnessed abroad relating to Cholera. A copy of this has appeared in various newspapers, but containing several very important mistakes; the source from which we have received that which follows leaves no room to doubt its correctness.

"After having meditated on the above facts and documents from the moment they came to our knowledge—after having weighed them with all the attention of which our minds are capable, and after having compared the opinions which each of us separately, and without discussion, had grounded upon them, we find our impressions as to the mode of origin and spread of the late epidemic at St. Petersburgh and its neighborhood, so perfectly identical in all important particulars, that we now agree to and sign the following propositions, containing the heads of our unanimous opinions on this part of the business of our mission:—

"1. That the germs of the disease were brought to St. Petersburgh by the boats and barks which arrived from the interior this year, previously to the 14th (26th) of June.

"2. That those germs were diffused and the disease propagated in two ways; one which may be called personal, by the dispersion over the whole city immediately after their arrival, of several thousand passengers and boatmen, who had come from infected places, or had been exposed to infection on the passage or on board these vessels. The other, which may be termed atmospheric, by emanations from the barks, and their contents suspended in and carried by currents of air to susceptible persons, independently of direct communication.

"3. That the germs of the same disease were carried to Cronstadt, and propagated there by boats and lighters which had been loaded directly from the barks already mentioned, by persons who had recent communication with these barks, or had been in their immediate neighborhood.

"4. That the disease was introduced into all the villages round St. Petersburgh, in which we had been able to obtain authentic intelligence of its progress, by persons directly from the city, or from other infected places.

"5. That neither the near approach nor the immediate contact of an infected individual were indispensable to the infection of a healthy individual susceptible of the disease at the moment.

"6. That the epidemic of St. Petersburgh did not possess the so absolute and indiscriminating communicable qualities attached to the plague and smallpox, and that the risk of infection incurred by the healthy who approached the sick, was in direct proportion to the want of cleanliness, ventilation, and space, around the latter.

"7. That in a generally infected atmosphere the additional danger of infection incurred by approaching one or more individuals laboring under this disease was not greater than would accrue from approaching one or more typhous patients under similar circumstances.

"8. That under favorable circumstances of body and mind, personal seclusion did afford protection against the disease, more particularly if that seclusion had been accompanied by shelter from currents of air passing through sources of infection.

"9. That those continued exempt from the disease who retired from and avoided communication with infected places; and those who resided to windward of, and those who were protected from the currents of air passing through such places; that the next in point of immunity were those who, though living in the midst of general infection, avoided large accumulations of sick placed in confined atmospheres, the young, the vigorous, those who could afford to live well, yet lived temperately. In short, those who were placed under circumstances the most favorable to health, cheerfulness, and comfort of every kind.

"W. Russell, M.D.
"D. Barry, M.D."

LATE FROM EUROPE.

Since the foregoing pages went to press, we have received journals, &c. from England and France, but too late to avail of their contents this week. The cholera was advancing in England. The dates from Sunderland are to December 28th. The disease there began to subside. It had increased at Newcastle, there having been in that place 246 cases and 93 deaths. At Shields it was also spreading, and at Gateshead its ravages were almost unparalleled. At G. there are said to be a great number of intemperate persons, among whom chiefly the disease was most fatal, and its streets are also represented as exceedingly filthy; thus favoring the spread of the disease.—The following extract from an English paper will not be uninteresting.

"There appears to have been altogether thirteen cases at North Shields: eleven since the 10th ult. of which nine died and one recovered. One case, we are informed, has occurred which calls for particular attention, and seems to establish the fact that the disease is communicated by rags, &c. An old man who was in the habit of going about the country with matches to sell, and to collect rags, returned with a bundle of rags from Sunderland. His wife observed a disagreeable smell to arise from them when they were spread out, and was soon after attacked with the cholera and died: the old man himself caught the complaint but recovered. A woman who was in the habit of nursing sick people, attended the old man in his illness, and observed the offensive smell of the rags. She was so far from being afraid of cholera that she wished to obtain the situation of nurse at the cholera hospital, yet she became ill of the disease, and is dead. Clothes, therefore, which have been about the cholera sick, should be carefully purified or destroyed.

The leading article in to-day's Journal is taken from the last Quarterly Review, republished by Lilly & Wait of this city. It is part of a very able and valuable review of the several works that have been published on the subject of cholera,—a review which we would recommend to the perusal of every physician.

We have now presented, in the course of this volume, pretty full views of the history, character, symptoms, and treatment of this disease. It will be unnecessary, therefore, to devote in future so much space as heretofore, to the discussion of this subject. When any efficient method of preventing or curing the disease shall be discovered, the details of such intelligence will not be withheld; but until then, we must be limited to regular and early, but *brief* notices of the progress of the disease, its fatality, &c. &c.

The case alluded to by Dr. H. we shall be happy to publish as soon as he will send the history of it.

NOTICES.

The Publishers of the Boston Medical and Surgical Journal will receive subscriptions for the American Edition of the London Medico-Chirurgical Review, and forward the numbers at the same price (five dollars per annum) at which they can be obtained of the publishers in New York.

The weekly numbers of the Medical Journal will hereafter be dated *Wednesday*, instead of Tuesday as heretofore.

Several names of subscribers are found on the books of the Journal who have not complied with the terms which have reference to payment within the year, and a few of those who are indebted for two or more years. Their early attention to this subject would oblige the present and former publishers of the Journal.

Wanted—at this office, No. 3, Vol. 5, of the Boston Medical and Surgical Journal, for which 12½ cents a copy will be given.

Died—In this city, on Wednesday last, Mr. John Cotton, Jr., eldest son of John Cotton, Esq. aged 32.

Whole number of deaths in Boston for the week ending January 27, 24. Males, 14—Females, 10.

Of inflammation on the lungs, 1—apoplexy, 1—consumption, 5—unknown, 2—liver complaint, 1—scarlet fever, 2—influenza, 2—dropsy on the brain, 1—infantile, 1—lung fever, 1—paralytic, 1—old age, 3—intemperance, 1—pleurisy, 1—bleeding at the lungs, 1.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY TUESDAY, BY CLAPP AND HULL,

At 184 Washington St. corner of Franklin St., to whom all communications must be addressed POST PAID. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Two volumes a year, of 420 pages each.—Price $3,00 per annum in advance, $3,50 if not paid within three months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*

RARE
PER